

# MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037164

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 546

Registrar's No. 2661

**FILED SEP 28 1962**

VS 300  
Rev. 4/59

1400X

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9331X

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1286-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Overland</b>		Length of stay in 1b <b>23 Days</b>	c. CITY OR TOWN <b>St. Louis</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Overland Restorium</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3508 Crittendon</b>
3. NAME OF DECEASED (Type or print) First <b>Belle</b> Middle <b>Peck</b> Last		4. DATE OF DEATH Month <b>Sept.</b> Day <b>13,</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/13/1874</b>
9. AGE (last birthday) <b>88</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dress Shop</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Montaldo's</b>	11. BIRTHPLACE (City and state or country) <b>Owensboro, Kentucky</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>John Peck</b>	
13b. MOTHER'S MAIDEN NAME <b>Mathilda Berry</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of serv) <b>NO</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Al. Milner 2 Sedwick La. (24)</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Vascular accident</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis generalized</b>			<b>1 yr</b>
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>9-1-62</b> to <b>9-13-62</b> and last saw her <b>him</b> alive on <b>9-12-62</b> Death occurred at <b>11:00 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Therese Moller MD</i>		22b. ADDRESS <b>9440 Midland Ave. #14, Mo</b>	22c. DATE SIGNED <b>9-14-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal (Rail)</b>	23b. DATE <b>9/14/1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Graceland Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Milwaukee, Wisconsin</b>
24. FUNERAL DIRECTOR ADDRESS <b>Alexander &amp; Sons 6175 Delmar Blvd. St. Louis 12, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9-14-62</b>	26. REGISTRAR'S SIGNATURE <i>John B. Murphy MD</i>

Dr. Henry W. Noller MD

9440 Midland Blvd.

Overland, Mo.

Ha. 6-3300

T: 12 Noon

1 TO 3 30

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Jos E McQuillan*

Licensed Embalmer No. 2460

P. O. Address 6196 Pelmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.