

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045278

STATE FILE NUMBER

FILED DEC 22 1958

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 280

| | | | | | | | |
|--|--|-------------------------------|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY St. Charles | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) St. Charles | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St. Ann 400' | |
| c. FULL NAME OF (If NOT in hospital, give location) St. Josephs Hosp. | | | | Length of stay in lb 2 Weeks | | d. STREET ADDRESS (If outside, give location) 3736 High Drive | |
| 3. NAME OF DECEASED (Type or print) First Timothy Middle S. Last Peachee | | | | 4. DATE OF DEATH Dec 4 1958 | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH April 20 1891 67 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver | | | | 10b. KIND OF BUSINESS OR INDUSTRY Hauling | | 11. BIRTHPLACE (City and state or country) Kiowa Oklahoma | |
| 13. FATHER'S NAME James Peachee | | | | 14. MOTHER'S MAIDEN NAME Myrtle Criag | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | | 16. SOCIAL SECURITY NO. 498 10 7643 | | 17. INFORMANT Address Nora A. Peachee 3736 High Drive | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thrombosis Left Coronary Artery Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Coronary Artery disease DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Generalized Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201 | | | | | | | |
| 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 Month, Day, Year a. m. p. m. | | | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | | |
| 21. I attended the deceased from 11-18-58 to 12-4-58 and last saw him alive on 12-4-58 Death occurred at 9:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Deed or title) Richard F. Jotta | | | | 22b. ADDRESS St. Ann, Mo. | | 22c. DATE SIGNED 12-4-58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 12/8/1958 | | 23c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis County Mo. | |
| 24. FUNERAL DIRECTOR Collier Mortuary, St. Ann, Mo. | | | | 25. DATE RECD. BY LOCAL REG. Dec. 4-58 | | 26. REGISTRAR'S SIGNATURE Muriel Wilson | |

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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 *Sheldon Collier*.....

Licensed Embalmer No. *33*

P. O. Address *St. A*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.