

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32073

State File No.

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **8131**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8131	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 15 1/2 hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Potosi		b. COUNTY Washington	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's Hosp.				d. STREET ADDRESS (If rural, give location) NH.			
3. NAME OF DECEASED (Type or Print)		a. (First) Wanda		b. (Middle) Lee		c. (Last) Peace	
4. DATE OF DEATH		(Month) 9		(Day) 19		(Year) 49	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married (1)		8. DATE OF BIRTH 6-12-35	
9. AGE (In years last birthday) 14		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? American	
13a. FATHER'S NAME Horace Peace		13b. MOTHER'S MAIDEN NAME Sheresa Paul		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) lymphoc leukemia					
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>... DUE TO (b) _____</p> <p>... DUE TO (c) _____</p>					
II. OTHER SIGNIFICANT CONDITIONS		<p>Conditions contributing to the death but not related to the disease or condition causing death.</p>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) 55			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1481			
22. I hereby certify that I attended the deceased from 9-19 , 19 49 , to 9-19 , 19 49 , that I last saw the deceased alive on 9-19 , 19 49 , and that death occurred at 10:30 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE Wm. Sklingberg MD (Degree or title)				23b. ADDRESS 500 So. Kingshighway		23c. DATE SIGNED 9-19-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-21-49		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Potosi Mo	
DATE REC'D BY LOCAL REG. SEP 20 1949		REGISTRAR'S SIGNATURE J. B. Latham		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary, Svc		ADDRESS 4104 Manchester	

1949 OCT 7

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
Student Embalmer

Signed Van M. Sizemore

Licensed Embalmer No. 4843

P. O. Address St. Louis Mo

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