

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 21 1950

State File No.

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3305

1. PLACE OF DEATH a. COUNTY <u>Wichman</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kans.</u> b. COUNTY <u>Wray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kans. City Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carla</u>	
c. LENGTH OF STAY (in this place) <u>12 days</u>		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Patrick Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>603 E. Wash.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frans</u> b. (Middle) <u>Otto</u> c. (Last) (Peiker) <u>Peiker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8-1-50</u>
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5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>11-17-1863</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 10 YRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life and if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Merchant</u>	11. BIRTHPLACE (State or foreign country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>No Record</u>	13b. MOTHER'S MAIDEN NAME <u>No Record</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W. Larimore</u>	ADDRESS <u>K.C. Kans</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>days</u> <u>months</u> <u>10 1/2 years</u> <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Left bundle branch block with supraventricular fibrillation</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>menia</u> DUE TO (c) <u>prostatic hypertrophy</u>			

19a. DATE OF OPERATION <u>July 22</u>	19b. MAJOR FINDINGS OF OPERATION <u>papillomas and fissure in bladder</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>(Suicide)</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carla Mo.</u>
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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?
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22. I hereby certify that I attended the deceased from July 19, 1950, to August 1, 1950, that I last saw the deceased alive on August 1, 1950, and that death occurred at 11 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Milton S. Steinberg M.D.</u>	23b. ADDRESS <u>2105 Indep. Ave. H.C. Mo</u>	23c. DATE SIGNED <u>Aug 1, 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	24b. DATE <u>8-4-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carla</u>	24d. LOCATION (City, town, or county) (State) <u>K.S.</u>
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DATE REC'D BY LOCAL REG. <u>8-9-50</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Verlan & Son</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 21 1931

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 _____

Licensed Embalmer No. 3120

P. O. Address Paul Kowen

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.