

FILED MAY 24 1951

STANDARD CERTIFICATE OF DEATH

State File No. 18968

Registrar's No. 2217

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3062

1. PLACE OF DEATH a. COUNTY St. Louis Co.			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brentwood		c. LENGTH OF STAY (in this place) 6 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brentwood		4511
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 8723 Rosalie			d. STREET ADDRESS (If rural, give location) 8723 Rosalie		

3. NAME OF DECEASED (Type or Print) a. (First) Peter b. (Middle) Chris c. (Last) Skow			4. DATE OF DEATH (Month) (Day) (Year) May 17 1951		
---	--	--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 16, 1888		9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 10	IF UNDER 1 YEAR Days 1	IF UNDER 24 HRS. Hours 1	IF UNDER 24 HRS. Min.
--------------------	-------------------------------	---	---------------------------------------	--	---	----------------------------------	-------------------------------	---------------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Web. Groves, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
---	--	-----------------------------------	---	--	--	--

13a. FATHER'S NAME Peter Skow		13b. MOTHER'S MAIDEN NAME Anna Marie Niessen		14. NAME OF HUSBAND OR WIFE Margaret Skow	
--------------------------------------	--	---	--	--	--

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. 488-05-7320	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Margaret Skow - 8723 Rosalie Brentwood, Mo.			
--	--	---	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic carcinoma of sigmoid with general metastasis				INTERVAL BETWEEN ONSET AND DEATH 4 yr.
	II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 153X			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)	
--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
--	--	----------------------------	--

22. I hereby certify that I attended the deceased from April, 1950, to 5-17-51, that I last saw the deceased alive on 5-16-51, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE James R. Meador, M.D. (Degree or title)		23b. ADDRESS 415 Central, Clayton, Mo.		23c. DATE SIGNED 5-18-51	
---	--	---	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 21, 1951	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kirkwood, St. Louis Co.		
---	-------------------------------	---	--	--	--

DATE REC'D BY LOCAL REG. 5-19-51	REGISTRAR'S SIGNATURE Herbert A. Banks, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jay B. Smith Funeral Home, 7456 Manchester Ave., Maplewood 17, Mo.		
---	---	--	--	--	--

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

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 J.P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.