No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21286 1003
Registrar's No. 5488

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis Mo
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 321 Convent

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY
c. CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give township) St Louis 2229
d. STREET ADDRESS (If rural, give location) 321 Convent

3. NAME OF DECEASED (Type or Print)
a. (First) Henry
b. (Middle)
c. (Last) Peaks

4. DATE OF DEATH (Month) (Day) (Year) 6 8 51

5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH
9. AGE (In years last birthday) About 65
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Labor
11. BIRTHPLACE (State or foreign country) Miss.
12. CITIZEN OF WHAT COUNTRY? /

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 487-18-799
17. INFORMANT'S SIGNATURE OR NAME Willie Willis
ADDRESS 822 S 3rd St

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary congestion
DUE TO (c) Cardiac hypertrophy

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
20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? H.H.S

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 8:40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Ward Perry Chapel Torrey (Degree or title)
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 6/18/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 18 1951
24c. NAME OF CEMETERY OR CREMATORY Oakedale Cemetery
24d. LOCATION (City, town, or county) (State) Lemay Mo.

DATE REC'D BY LOCAL REG. JUN 18
REGISTRAR'S SIGNATURE J. B. Lanier
25. FUNERAL DIRECTOR'S SIGNATURE A. H. Burks
ADDRESS 212 Carroll St

(Licensed Embalmer's Statement on Reverse Side)

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 Students of Mortuary College, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed James A. Lammers

Licensed Embalmer No. 4147

P. O. Address St Louis

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.