

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18961

State File No.

No. 300
10-48

FILED JUN 7 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1415

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay, 23, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay 23</u>	
c. LENGTH OF STAY (In this place) <u>10 YRS.</u>		4. STREET ADDRESS (If rural, give location) <u>3721 Lemay Ferry Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3721 Lemay Ferry Rd.</u>			

3. NAME OF DECEASED (Type or Print) <u>Adele Peer</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>May 31, 1952</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 14, 1888</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Charles Ashauer</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa Stunkel</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph Peer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Peer</u>	ADDRESS <u>3721 Lemay ferry Rd.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>do not know</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic endocarditis.</u>		
	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 <u>4214</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Mar 3, 1952, to May 31, 1952, that I last saw the deceased alive on May 27, 1952, and that death occurred at 2a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Waldo Hill</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>3606 Lemay Ferry Rd. St. Louis, Mo.</u>	23c. DATE SIGNED <u>5/31/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Entombment</u>	24b. DATE <u>6-2-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Mausoleum</u>	24d. LOCATION (City, town, or county) (State) <u>Lemay 23, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-31-52</u>	REGISTRAR'S SIGNATURE <u>Herbert A. Donker MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u>	ADDRESS <u>6322 S. Grand Blvd.</u>
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S.W. (Licensed Embalmer's Statement on Reverse Side)

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

Dr. Waldo Will

3606 Lemay Ferry

Vi. 2-5422

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. 4242

P. O. Address 6322 So Grand

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.