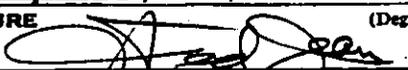


THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 1 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 2983

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis,	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KIRKWOOD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood	
c. LENGTH OF STAY (In this place) 5 mo.		d. STREET ADDRESS (If rural, give location) 833 No. Geyer Road.	
3. NAME OF DECEASED (Type or Print) a. (First) HEREWARD b. (Middle) JOHN c. (Last) PEELE.			4. DATE OF DEATH Nov. 20, 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 4, 1875
9. AGE (In years last birthday) 77	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired; Elect. Eng. Bell Telephone Co.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) New Westminster, Canada.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Adolphus Peele.	
13b. MOTHER'S MAIDEN NAME Julia Pitts		14. NAME OF HUSBAND OR WIFE Helen Bayer Peele.	
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. 488-76 7003	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Helen B. Peele;		ADDRESS 833 No. Geyer Rd.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic Carcinoma DUE TO (c) Carcinoma of rectosigmoid II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 154X	
19a. DATE OF OPERATION 5-22-52		19b. MAJOR FINDINGS OF OPERATION Carcinoma of rectosigmoid	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR?	
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)	
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 <u>6-11-1952</u> , to <u>11-20, 1952</u> , that I last saw the deceased alive on <u>11-16, 1952</u> and that death occurred at <u>10A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title)  M.D.		23b. ADDRESS 4500 W. Pine St. Louis 8 Mo.	
23c. DATE SIGNED 11-20-52		23d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-23-1952	
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri	
DATE REC'D BY LOCAL REG. 11-20-52		REGISTRAR'S SIGNATURE Herbert R. Dumbo - M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons		ADDRESS 7233 Delmar Blvd.	

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 Melvin L. Kemper

Licensed Embalmer No. 4052

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.