

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 28 1954

State File No. 3158
0078

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				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) St. Louis		c. LENGTH OF STAY (In this place) 5dys		c. CITY (If outside corporate limits, write RURAL and give township) Sycamore Hills Village n.		d. STREET ADDRESS (If rural, give location) 2492 Brown Rd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarinate Word Hospital				4. DATE OF DEATH (Month) (Day) (Year) Jan. 2, 1954			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Elia		c. (Last) Pease		4. DATE OF DEATH (Month) (Day) (Year) Jan. 2, 1954	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 6, 1879		9. AGE (In years last birthday) 74yrs	10. MONTHS 4 009	11. HOURS 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Philadelphia, Pa.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Geo. Washington Howey		13b. MOTHER'S MAIDEN NAME Anna Anderson		14. NAME OF HUSBAND OR WIFE Henry Warren Pease			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Paul W. Westblade 2492 Brown 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Retn. Peritonied Lymphosarcoma 4 mos.				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) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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? 2001			
22. I hereby certify that I attended the deceased from 9-20 , 19 53 , to 1-2 , 19 54 , that I last saw the deceased alive on 1-3 , 19 54 , and that death occurred at 4:45 P m., from the causes and on the date stated above.							
23a. SIGNATURE Herman J. Klaeber				23b. ADDRESS 3621. Backlund Rd.		23c. DATE SIGNED 1-4-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 5, 1954		24c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. JAN 5 1954		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. J. Alexander 5000 6125 Delmar			

(Licensed Embalmer's Statement on Reverse Side)

Dr. H. J. Kleeber
9621 Saebland Rd
Wib-1855

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 Jos. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Dilm

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.