

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25678

FILED AUG 11 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1795

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 6 days		e. STREET ADDRESS (If rural, give location) 3608 Montana	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Louise b. (Middle) E. c. (Last) Peyrott			4. DATE OF DEATH (Month) (Day) (Year) July 22, 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 18, 1867
9. AGE (In years last birthday) 87		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Prairie DuRocher, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Henry Barbeau		13b. MOTHER'S MAIDEN NAME Emily Tebeau	
14. NAME OF HUSBAND OR WIFE Sylvain Peyrott			
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 Miss Sylvia Peyrott- 3608 Montana
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac decompensation DUE TO (c) Arterio sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 10 days		1 mo. _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		490X	
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 (Month) (Day) (Year) (Hour) OF INJURY _____	
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 July 18, 1954 , to July 22, 1954 , that I last saw the deceased July 22, 1954 , and that death occurred at 1:00 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE (In green or blue ink) Clement B. Smith		23b. ADDRESS 16 Hampton Village Plaza	
23c. DATE SIGNED July 23, 1954			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 24, 1954	
24c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery		24d. LOCATION (City, town, or county) (State) Prairie DuRocher, Illinois	
DATE REC'D BY LOCAL REG. 7/23/54		REGISTRAR'S SIGNATURE Heard B. Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Heldert		ADDRESS 3634 Gravois Ave.	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed..... *Frank J. Gland*
Licensed Embalmer No. *26*
P. O. Address..... *So. Len*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.