

FILED DEC 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42702

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11319

1. PLACE OF DEATH
a. COUNTY

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 St. Louis

c. CITY OR TOWN St. Louis.

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address) St. Louis Chronic Hospital

1951 STREET ADDRESS (If rural, give location) 5800 Arsenal St.

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

4. DATE OF DEATH (Month) (Day) (Year) December 8, 1954

5. SEX Male

6. COLOR OR RACE Col.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower.

8. DATE OF BIRTH Mar. 15, 1885

9. AGE (In years last birthday) 69 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) NONE

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (City and State or Foreign Country) La.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Lee Peters.

13b. MOTHER'S MAIDEN NAME Jennie Carmichael.

14. NAME OF HUSBAND OR WIFE Mary Emory.

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. 495-14-4573

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jhos. m. Brady Public Administrator

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) Generalized arteriosclerosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease
DUE TO (c)
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 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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 4200

22. I hereby certify that I attended the deceased from August 26, 1953 to December 8, 1954, that I last saw the deceased alive on December 8, 1954, and that death occurred at 10, 30 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert Ruman Bowlish M.D.

23b. ADDRESS 5800 Arsenal St.

23c. DATE SIGNED 12-9-54

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

24b. DATE 12-13-54

24c. NAME OF CEMETERY OR CREMATORY OAKDALE

24d. LOCATION (City, town, or county) (State) ST LOUIS MO

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DEC 13 1954

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bennie Love 3103 Washington

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 *H. Claude Gordon*

Licensed Embalmer No. *348*

P. O. Address *4575-Ab*

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.