

## STANDARD CERTIFICATE OF DEATH

State File No. **10050**  
**2934**

FILED APR 11 1955

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>2934</b>		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <b>Missouri</b> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>St. Louis,</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>12 5249 Lindell Blvd. 21270</b>				
3. NAME OF DECEASED (Type or Print) <b>Therese</b>			a. (First)		b. (Middle)		c. (Last) <b>Peters</b>	
4. DATE OF DEATH		(Month) (Day) (Year)		<b>March 30, 1955</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Oct. 2, 1866</b>		
9. AGE (In years last birthday) <b>788</b>		# UNDER 1 YEAR		# UNDER 1 YEAR		# UNDER 1 MIN.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Never Employed</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>G E R M A N Y</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Never Married</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		(If yes, give war or dates of service) <b>Nil.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Laura Nölker, 5249 Lindell Blvd.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CANCER OF BREAST</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 YRS.</b>		
				ANTECEDENT CAUSES				
				<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p>		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				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>170x</b>				
22. I hereby certify that I attended the deceased from <b>FEB. 11<sup>th</sup>, 1955</b> , to <b>MARCH 30<sup>th</sup>, 1955</b> , that I last saw the deceased alive on <b>MARCH 30<sup>th</sup>, 1955</b> , and that death occurred at <b>10:30 A. M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>William A. Tibbitts, M.D.</b>				23b. ADDRESS <b>5535 DELMAR, ST. LOUIS, MO.</b>		23c. DATE SIGNED <b>3/30/55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Entombment</b>		24b. DATE <b>3-31-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cam.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri.</b>		
DATE REC'D BY LOCAL REG. <b>MAR 31 1955</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wagoner Mortuary, 4911 Washington.</b>		ADDRESS		

S.P. (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 *Robert M. Murray*.....

Licensed Embalmer No. *3749*

P. O. Address *St. Louis*.....

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.