

FILED SEP 8 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28040

State File No. ....  
Registrar's No. .... 7492

BIRTH NO. .... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.  
c. LENGTH OF STAY (In this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Illinois b. COUNTY Union  
c. CITY OR TOWN Balcom  
d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) \$1208

3. NAME OF DECEASED a. (First) Henry b. (Middle) T. c. (Last) Peters  
4. DATE OF DEATH (Month) (Day) (Year) August 20, 1955  
5. SEX Male  6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  
8. DATE OF BIRTH Sept. 12, 1888 9. AGE (In years last birthday) 66 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) Farmer 10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (City and State or Foreign Country) Union Co., Ill. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Theodore Peters 13b. MOTHER'S MAIDEN NAME Eva Sauerbrunn 14. NAME OF HUSBAND OR WIFE Laura  
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laura Peters, Balcom, Ill.

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.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute Myelocytic Leukemia  
INTERVAL BETWEEN ONSET AND DEATH 10 MOS.  
ANTECEDENT CAUSES DUE TO (b) DUE TO (c)  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
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  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) (Minute) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? 204.1

22. I hereby certify that I attended the deceased from Aug. 17, 1955 to Aug. 26, 1955, that I last saw the deceased alive on Aug. 26, 1955, and that death occurred at 3:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE M. D. 23b. ADDRESS BARNES HOSPITAL 23c. DATE SIGNED 8/26/55  
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 8-26-55 24c. NAME OF CEMETERY OR CREMATORY Ebenezer Cemetery 24d. LOCATION (City, town, or county) (State) Union Co., Ill.

DATE REC'D BY LOCAL REG. AUG 26 1955 REGISTRAR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS (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 *G. W. Wilkinson*

Licensed Embalmer No. *35*

P. O. Address *U. S. A.*

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.