

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11721**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 541		Registrar's No. 235	
1. PLACE OF DEATH a. COUNTY Saint Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. LENGTH OF STAY (in this place) 12 days		c. CITY OR TOWN Kinloch		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 St. Louis County Hosp.				e. STREET ADDRESS (If rural, give location) 412 Mc Henry Street			
3. NAME OF DECEASED (Type or Print) a. (First) Leroy b. (Middle) _____ c. (Last) Peebles			4. DATE OF DEATH (Month) (Day) (Year) 3 - 15 - 56				
5. SEX Male		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4 April 16	
9. AGE (In years last birthday) 41		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator			10b. KIND OF BUSINESS OR INDUSTRY Foundry		11. BIRTHPLACE (City and State or Foreign Country) Greene County, Alabama		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Joe Peebles			13b. MOTHER'S MAIDEN NAME Sarah Steele			14. NAME OF HUSBAND/OR WIFE Olivia Peebles	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME Olivia Peebles, Kinloch, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic fibrosing lung disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 525X					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) m.		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 3 - 3 , 19 56 , to 3 - 15 , 19 56 , that I last saw the deceased alive on 3 - 15 , 19 56 , and that death occurred at 5:00 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE E. E. Smith M.D. (Degree or title)				23b. ADDRESS 6015 Brentwood, Clayton, Mo		23c. DATE SIGNED 3/15/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 19 Mar 56	24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) Berkeley, Mo.		
DATE REC'D BY LOCAL REG. 3-17-56		REGISTRAR'S SIGNATURE Herbert B. Donohed			25. FUNERAL DIRECTOR'S SIGNATURE Boyd Bros, Kinloch, Mo.		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Edward A Flynn*.....

Licensed Embalmer No. *4*

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
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.