No. 300
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FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18427

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4802

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 10 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G. Phillips

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY:

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 18 St. Louis 2.18%

d. STREET ADDRESS (If rural, give location): 3518 Laclede

3. NAME OF DECEASED (Type or Print)
a. (First): Mose
b. (Middle): D.
c. (Last): Peeler

4. DATE OF DEATH (Month) (Day) (Year): 5 15 1956

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 9, 1933
9. AGE (In years last birthday): 22 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Century Steel Foundry
11. BIRTHPLACE (State or foreign country): Yazoo, City, Miss.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Peeler
13b. MOTHER'S MAIDEN NAME: Susie Potts
14. NAME OF ~~HUSBAND~~ OR WIFE: Johnnie Peeler

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.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs Johnnie Peeler — ADDRESS: 3518 Laclede

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) Retroperitoneal Hemorrhage and Peritonitis from stab wound
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Congestive Heart Failure
Pancreatitis suffered when stabbed with knife in hands of one Kenneth Young in altercation in vicinity of #6 So. Cardinal Str., about 2:30 pm. May 5 1956.

INTERVAL BETWEEN ONSET AND DEATH

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): Justifiable Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 5 56 2:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: E982 x

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 540A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph M. Quinn Defn Mom
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 5/17/56

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 5-19-56
24c. NAME OF CEMETERY OR CREMATORY: Washington Park
24d. LOCATION (City, town, or county) (State): 5500 Brown RD Mo.

DATE REC'D BY LOCAL REG.: MAY 17 1956
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Geo. H. Bruce — ADDRESS: 4469 Washington

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.

Signed Frederick P. Stark

Licensed Embalmer No. 4599

Signed.....
Student Embalmer

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.