

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27989**
Registrar's No. **206**

53732-56
FILED AUG 20 1956

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058**

1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. CHARLES	
b. CITY OR TOWN ST. CHARLES	c. LENGTH OF STAY (in this place) 12 HRS	c. CITY OR TOWN ST. CHARLES	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. JOSEPH'S HOSPITAL		e. STREET ADDRESS (If rural, give location) 1204 N. 2ND STR. 09230	

3. NAME OF DECEASED (Type or Print) a. (First) BABY b. (Middle) PETERS c. (Last) PETERS	4. DATE OF DEATH (Month) (Day) (Year) AUG 16 1956
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH AUG. 16, 1956	9. AGE (In years last birthday) 12
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) ST. CHARLES MO	12. CITIZEN OF WHAT COUNTRY? D.S.A.
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13a. FATHER'S NAME RICHARD E. PETERS	13b. MOTHER'S MAIDEN NAME CAROL R. JENNINGS	14. NAME OF HUSBAND OR WIFE NONE
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME RICHARD E. PETERS	ADDRESS ST. CHARLES, MO
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CONGENITAL ATELECTASIS		10 HRS.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PREMATURE BIRTH DUE TO (c) _____		10 HRS.
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug. 16, 1956**, to **Aug. 16, 1956**, that I last saw the deceased alive on **Aug. 16, 1956**, and that death occurred at **11:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Paul N. Foster MD	23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED 8/17/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG. 17, 1956	24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEM.	24d. LOCATION (City, town, or county) (State) ST. CHARLES MO.
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DATE REC'D BY LOCAL REG. Aug 17 1956	REGISTRAR'S SIGNATURE Paul N. Foster	25. FUNERAL DIRECTOR'S SIGNATURE B. L. Prinster	ADDRESS St. Charles Mo
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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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

Body not embalmed.

Signed *B. L. Preuster*

Licensed Embalmer No.....

P. O. Address.....

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.