

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042090

STATE FILE NUMBER

10251

FILED NOV 18 1958

Registration District No.

318

Primary Registration District

1003

Registrar's No.

300

-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institutional: Residence before admission) a. STATE Missouri		b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Webster Groves	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION St. Joseph's Little Rock Hospitals, Inc.		Length of stay in 1b		d. STREET ADDRESS 27 537 Marshall Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last Guy Otis Peters			4. DATE OF DEATH Month Day Year October 26, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 13, 1885	9. AGE (In years last birthday) 73	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) Ass't Engineer (Felsr)		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Effingham, Ill.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Otis Peters		13b. MOTHER'S MAIDEN NAME Della	
14. NAME OF HUSBAND OR WIFE Della		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 702-14-076E	
17. INFORMANT E. C. Peters, 111 Edwin Ave.		Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.0				INTERVAL BETWEEN ONSET AND DEATH 24 hrs many years	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION COUNTY STATE		21. I attended the deceased from Oct 19 57 to October 26, 1958 and last saw her alive on October 25, 1958 Death occurred at 7:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Blair E. Adams M.D.		22b. ADDRESS 1755 So Grand Ave.		22c. DATE SIGNED 10/26/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-28-58		23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.	
23d. LOCATION (City, town, or county) Kirkwood, Mo.		23e. STATE Mo.			
24. FUNERAL DIRECTOR Parker-Aldrich Funeral Home Webster Groves, Mo.		25. DATE RECD. BY LOCAL REG. OCT 27 58		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Leslie Welch* .....

Licensed Embalmer No. *4395* .....

P. O. Address *Wester, Md* .....

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.