MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-029549
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2105

FILED JUL 31 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

14000
24000 2
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kock — Length of stay in 1b: 37 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Robert Koch Hospital — Inside Limits: Yes ☐ No ☐ X

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Koch — Inside Limits: Yes ☐ No ☐ X
d. STREET ADDRESS (If outside, give location): Koch Hospital — Reside on Farm: Yes ☐ No ☐ X

3. NAME OF DECEASED (Type or print): First: Elsie Middle: Last: Peters

4. DATE OF DEATH: Month 7 Day 16 Year 62

5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Ap. 1889
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (City and state or country): Lithuania
12. CITIZEN OF WHAT COUNTRY: --

13a. FATHER'S NAME: Gro. Tranny ?
13b. MOTHER'S MAIDEN NAME: Alice Grandrud
14. NAME OF HUSBAND OR WIFE: Sam Peters, deceased

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.: - - -
17. INFORMANT Address: Robert Koch Hospital, Koch, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cor pulmonale & failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): bronchiectasis + emphysema
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 9-12-1925, to 7-15-1962 and last saw her/him alive on 7-16-62
Death occurred at 7 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Bernard Lucaman M.D.
22b. ADDRESS: Robert Koch Hospital
22c. DATE SIGNED: 7-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: July 18, 1962
23c. NAME OF CEMETERY OR CREMATORY: Concordia Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Missouri

24. FUNERAL DIRECTOR ADDRESS: BEIDERWIEDEN FUNERAL HOME INC., 1936 St. Louis Ave.
25. DATE RECD. BY LOCAL REG.: 7-18-62
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Homer H. Fritz

Licensed Embalmer No. 3882

P. O. Address St Louis

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.