

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035680

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 113 Primary Registration District No. 4185 Registrar's No. 28

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
 AMENDED

FILED OCT 1 1963

VS 300
 Rev. 4/59

1 0362
 2 0362
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 4 1
 5 1
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 7 0
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 9 X
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 11 036
 12 90-2
 13 30

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Clair		Length of stay in 1b 10 yrs	c. CITY OR TOWN St. Clair
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 100 Oak Street		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 315 W. Oak St.,
3. NAME OF DECEASED (Type or print) First Dena Middle Peters Last		4. DATE OF DEATH Month Sept. Day 26 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/29/86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 76
11. BIRTHPLACE (City and state or country) Leopold, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Fred Elfrink		13b. MOTHER'S MAIDEN NAME Anna Kinsel	
14. NAME OF HUSBAND OR WIFE John Peters		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT John Peters Address St. Clair, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) FRAGMENTS OF SKULL, NECK,			
DUE TO (b) BOTH LOWER LEGS AND ASSOCIATED			
DUE TO (c) INTERIEURS			INTERIEURS
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) SECRET WAS STRUCK BY TRUCK LOWER	
20c. TIME OF INJURY Hour 3:25 p.m. Month, Day, Year 9/26/63	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ONE STEPPED ONTO HIGHWAY #17		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION St. Clair Franklin Mo	COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 8:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS Union Mo	
22c. DATE SIGNED 9/27/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-30-63	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR Casey-Lenox F.H. St. Clair, Mo.		25. DATE RECD. BY LOCAL REG. 9-28-63	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

OCT 3 1963

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 *H. M. Leroy*

Licensed Embalmer No. 3601

P. O. Address St. Clair, Mo

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.