

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

9727-63-037922
STATE FILE NUMBER

Registration District No. **318** Primary Registration District **1003** Registrar's No. _____

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 10 1963

VS 300 Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY _____ b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis, Mo.** Length of stay in lb _____ c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **4653 Michigan** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY _____ c. CITY OR TOWN **St. Louis** Inside Limits Yes No d. STREET ADDRESS (If outside, give location) **4653 Michigan** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Ernest** Middle **Peters** Last _____ 4. DATE OF DEATH Month **Sept.** Day **29** Year **1963**

5. SEX **male** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **4-4-1908** 9. AGE (last birthday) **55** 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) **city water div.** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Marshed Peters** 13b. MOTHER'S MAIDEN NAME **Rufka Thair** 14. NAME OF HUSBAND OR WIFE **Selma Peters**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) **World War 2** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT **St. Louis, Mo. Selma Peters 4653 Michigan.**

18. CAUSE OF DEATH (Enter only one cause per 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) _____ DUE TO (c) **420.1**
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____

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 _____ to _____ and last saw her/him alive on _____ Death occurred at **1:12 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *[Signature]* (Degree or title) _____ 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **93067** (State) _____

23a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 23b. DATE **10-2-63** 23c. NAME OF CEMETERY OR CREMATORY **National Cem.** 23d. LOCATION (City, town, or county) **Jeff. Brks., Mo.**

24. FUNERAL DIRECTOR **Southern Funeral Home** ADDRESS **6322 S. Grand, St. Louis, Mo.** 25. DATE RECD. BY LOCAL REG. **SEP 30 1963** REGISTRAR'S SIGNATURE *[Signature]*

Coroner

Homeer sign

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 *Lowell C. Hill*

Licensed Embalmer No. *4347*

P. O. Address *6322 So Grand*

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.