

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17587**  
**4575**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>Mo.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis Mo.</b>		17 9			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Baptist Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>16- 3901 So. Compton Ave.</b>				J	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Bernard E.</b>			b. (Middle) <b>Peters</b>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <b>May 21 1949</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 8th 1893</b>		9. AGE (In years last birthday) <b>55</b>	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) <b>Teacher- Public School</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <b>Charles A. Peters</b>			13b. MOTHER'S MAIDEN NAME <b>Anna Shepard</b>			14. NAME OF HUSBAND OR WIFE <b>Ord Rush Peters</b>			
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'S SIGNATURE OR NAME <b>Mrs. Ord Peters-</b>				ADDRESS <b>3901 S. Compton Av</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Cardio-renal disease</b>  INTERVAL BETWEEN ONSET AND DEATH <b>6 mo.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  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"/>			
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) _____		21d. (STATE) <b>Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Hit by car</b>					
22. I hereby certify that I attended the deceased from <b>March 31, 1949</b> , to <b>May 20, 1949</b> , that I last saw the deceased alive on <b>May 20, 1949</b> , and that death occurred at <b>3 A. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>James C. Gray M.D.</b> (Degree or title)			23b. ADDRESS <b>4047<sup>a</sup> Francis, St. Louis</b>			23c. DATE SIGNED <b>5/21/49</b>			
24a. BURIAL, CREMATION, RENEWAL (Specify) <b>5-24-1949</b>		24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>			
DATE REC'D BY LOCAL REG. <b>MAY 24 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Sasser</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Arthur J. Donnelly</b> ADDRESS <b>3840 Russell</b>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

For Rky  
4047a Garvis av  
330-430

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.

Signed \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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 this body is not embalmed, fact should be so stated above.