

40079

STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 14 1953

BIRTH NO.

REG. DIST. NO. 30

PRIMARY REG. DIST. NO. 6047

Registrar's No. 34

1. PLACE OF DEATH

a. COUNTY

St Charles

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).

a. STATE

Mo

b. COUNTY

St Charles

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Wentzville Cuirre 10 mo.

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Cuirre Rural

d. FULL NAME OF HOSPITAL OR INSTITUTION

4 mi south East

d. STREET ADDRESS (If rural, give location)

4 mi S.E.

0920

3. NAME OF DECEASED (Type or Print)

a. (First)

John

b. (Middle)

Edward

c. (Last)

Peters

4. DATE OF DEATH

(Month)

(Day)

(Year)

Dec 6 1953

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Never Married

8. DATE OF BIRTH

Jan 29-1953

9. AGE (In years last birthday)

If UNDER 1 YEAR

Months

Days

Hours

Min.

10

7

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 Foreign Country)

Wentzville Mo

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

John Peters

13b. MOTHER'S MAIDEN NAME

Hilda White

14. NAME OF HUSBAND OR WIFE

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

John Peters Wentzville Mo. R.

ADDRESS

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*

ANTECEDENT CAUSES

Morbidity 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.

MEDICAL CERTIFICATION

Lobar Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

3 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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)

(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/3, 1953 to 12/6, 1953, that I last saw the deceased alive on 12/6, 1953, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

H.C. McMurran MD

23b. ADDRESS

Wentzville, Mo

23c. DATE SIGNED

12/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify)

Buried

24b. DATE

Dec 7-53

24c. NAME OF CEMETERY OR CREMATORY

St Patrick's Cemetery Wentzville

24d. LOCATION (City, town, or county)

Mo.

(State)

DATE REC'D BY LOCAL REG.

Dec 10/53

REGISTRAR'S SIGNATURE

Mark P. Ruff

25. FUNERAL DIRECTOR'S SIGNATURE

T.E. Pittman Funeral Home

ADDRESS

Wentzville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed

Licensed Embalmer No. 3055

P. O. Address New York, N.Y.

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.