WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

15202

15471

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 15471

Township ..... Primary Registration District No. 1003 Registered No. 4411

City St Louis (No. Mo Baptist Sanitarium St. ..... Ward)

2. FULL NAME Ella M Peaks

(a) Residence. No. 4006 S Maffitt St., 11 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William L Peaks

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown 1862

7. AGE: abt. 66 YEARS; MONTHS —; DAYS —; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Ills

PARENTS

10. NAME OF FATHER: Patrick Callahan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): " "

14. INFORMANT: Mr James A Grider
(Address) 5773 De Giverville Ave

15. FILED APR 23 1928, 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 22 1928

17. I HEREBY CERTIFY, That I attended deceased from April 20th, 1928, to April 22, 1928 that I last saw her alive on April 21, 1928, and that death occurred, on the date stated above, at 12 o'a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1074 Septicaemia
36 Broncho pneumonia
..... (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY): Pneumonia (Broncho)
..... (duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED? 8 IF NOT AT PLACE OF DEATH? 1000
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Edw. F. Sievers M. D
4/23/1928 (Address) 3912 St Louis Av

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary
DATE OF BURIAL: 4-24 1928

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Washd

[illegible]
3912 Rt Louis
12[illegible]