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

Do not use this space.

4836

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 ..... Registered No. 1530

City St Louis (No. St Johns Hospital St. ..... Ward)

2. FULL NAME George Peck

(a) Residence. No. 4209 Lindell St., 19 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charlotte Peck

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown 1881

7. AGE: abt 48 YEARS; MONTHS: Unknown; DAYS: ; If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER: Geo Peck
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): France
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): " "

14. INFORMANT: Mrs Charlotte Peck
(Address) 4209 Lindell Ave

15. FILED 5-1 1929, 19.. Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1/29 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1928, to Jan 29, 1929, that I last saw him alive on Jan 29, 1929, and that death occurred, on the date stated above, at 10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

15 B
14 B

Cellulites of left neck
Streptococcus & Infection opinse unknown (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
Lung abscess due to cellulitis of neck (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at 4209 Lindell Blvd. St Louis Mo
DID AN OPERATION PRECEDE DEATH? yes. DATE OF Dec 12-28
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Pathology found Lung Abscess

(Signed) W. M. Fitzgerald, M. D
1/30, 1929 (Address) 945 Mo Theatre Bldg

*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: New York City NY
DATE OF BURIAL: 2-2 1929

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Wash St

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.

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