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

Do not use this space.

12364

File No. .....
Registered No. 2884

1. PLACE OF DEATH

County ..... Registration District No. 782
Township ..... Primary Registration District No. 1002
City St Louis Mo (No. 5635 Waterman St. ..... Ward)

2. FULL NAME Samuel L. Peckham

(a) Residence. No. 5635 Waterman 5 Ward.
(Usual place of abode) (If nonresident give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)
Male	white	married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Lipsis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11/6/1854

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74	3	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired 30 yrs
(b) General nature of industry, business, or establishment in which employed (or employer) Dyeing & Cleaning
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Boston
(STATE OR COUNTY) Mass

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTY)

12. MAIDEN NAME OF MOTHER —— Baron

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTY)

14. INFORMANT Mrs W. Wise
(Address) Congress & Hotes

15. FILED MAR 17 1929 Chas. C. Stardley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 2 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1928, to March 2, 1929, that I last saw him alive on March 2, 1929, and that death occurred, on the date stated above, at 7 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Stasis

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Pyelitis

..... (duration) ..... yrs. ..... mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Ernst Jenas M.D.

3.4 1929 (Address) Lutheran Build

*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 Mt Sinai

DATE OF BURIAL 3/4 1929

20. UNDERTAKER Mayer

ADDRESS 4356 Delmar

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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