

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

Do not use this space.

13363

1. PLACE OF DEATH

County.....

Registration District No.....

701

Township.....

Primary Registration District No.....

7003

City St. Louis (No. 5228, Minerwa Ave)

File No. 1

Registered No. 3928

St. _____ Ward)

2. FULL NAME Mary E. Peck

(a) Residence. No. 5228 Minerwa Ave St. 6 Ward.

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Wm H. Peck

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14 1859

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min. 69 8 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

10. NAME OF FATHER F. W. Offenbecker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Do not know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany (STATE OR COUNTRY)

14. INFORMANT Mr. Wm H. Peck (Address) 5228 Minerwa Ave

15. FILED Mar 29 1929 Mar E. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 29 1929

17. I HEREBY CERTIFY, That I attended deceased from March 29 1929 to March 29 1929 that I last saw her alive on March 29 1929, and that death occurred, on the date stated above, at 9:10 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valv Disease of Heart
900 930
900 900 (duration) 2 or 3 yrs. mos. da.
CONTRIBUTORY Arteriosclerotic (SECONDARY) chronic (duration) - yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

18. DID AN OPERATION PRECEDE DEATH? no. DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical symptoms
(Signed) W. H. Vaughan, M. D.

Mar 30 1929 (Address) 4960 Washington

*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

DATE OF BURIAL

Hiram Cemetery

4-2 1929

20. UNDERTAKER

ADDRESS

Geo. L. Pleitsch 5966 Easton Ave

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.

230

10

10

RECORD

4200
9/20/19
