

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

Do not use this space.

24708

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis, Mo. (No. 2121 S. 7th Street)

Registration District No. 79E1  
Primary Registration District No. 1003  
(No. 2121 S. 7th Street)

File No. ....  
Registered No. 6867  
St. .... Ward)

**2. FULL NAME Pink Peeler**

(a) Residence. No. 2121 S. 7th Street. St. 13 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Pattie Peeler</b>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>March 29, 1884</b>		
7. AGE <b>46</b>	YEARS <b>3</b>	MONTHS <b>13</b>
		DAYS <b>13</b>
		If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Salesman**

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer **Famous-Barr**

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

10. NAME OF FATHER **George Peeler**

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

12. MAIDEN NAME OF MOTHER **Unknown**

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

14. INFORMANT (Address) **Pattie Peeler 2121 S. 7th Street**

FILED July 14 1930 **May C. Stankley** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 12, 1930**

17. I HEREBY CERTIFY, That I attended deceased from Apr. 7 1929 to July 12 1930 that I last saw him alive on July 12 1930, and that death occurred, on the date stated above, at 4:25 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Paralysis agitans**  
**87 B** (duration) **8** yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **84 B** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAICTED? IF NOT AT PLACE OF DEATH .....

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) **Geo W Peeler** M. D.  
, 19 (Address) **3115 So Grand Blv**

\*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 **Milan, Tennessee** DATE OF BURIAL **July 14, 1930**

20. UNDERTAKER **Wacker-Heldrich** ADDRESS **2331 S. Brdwy.**

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.

THIS IS A PERMANENT RECORD

