MARGIN RESERVED FOR BINDING

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.

41489

JAN 26 1934

1. PLACE OF DEATH

County ..... Registration District No. 7[illegible]

Township ..... Primary Registration District No. 1003

City St Louis (No. 5026, Page Ave St. ..... Ward)

File No. 10494

Registered No. .....

2. FULL NAME William H. Peck

(a) Residence, No. 5026 Page Ave St., 6 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: Male

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: Mary C. Peck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 19, 1855

7. AGE: YEARS 78 | MONTHS 2 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office - Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buffalo New York

FATHER

13. NAME: William Peck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? New York

MOTHER

15. MAIDEN NAME: Susan Bagott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alexander, Virginia

17. INFORMANT (ADDRESS): Mrs. Susie Hartley, 5026 Page Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hiram Cemetery DATE December 7, 1933

19. UNDERTAKER (ADDRESS): Geo. L. Pleitsch Inc. 5966 Easton Ave.

20. FILED DEC -6 1933 19 J. F. Budeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1933, to Dec 4, 1933

I last saw him alive on Dec 4, 1933 Death is said to have occurred on the date stated above, at 2.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	11/30/33
8VA	
10VA	
Other contributory causes of importance: Cerebral Hemorrhage — (Apoplexy)	11/29/33

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. R. Hamlin, M. D.

(Address) 1259 N. Kingshighway

Dr J. R. Hamlin
1259 N Kingsbury
Forest 4944