

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.

MAY 13 1935

14792

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** No. **4754** **Meramec** St. .... Ward)

File No.....  
Registered No. **3643**

2. FULL NAME

**Elizabeth Peglar**

(a) Residence, No. **4754 Meramec St.** Ward. **15**

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX **F.** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Frank Peglar**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 30** 19**35**  
22. I HEREBY CERTIFY, That I attended deceased from **June 10** 19**31** to **April 30** 19**35**  
I last saw her alive on **April 30** 19**35** Death is said to have occurred on the date stated above, at **10:45 a. m.**  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 28 1861**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. **74 1 22**

**Uterine Myxosarcoma**  
**Senesile Dementia**  
Other contributory causes of importance: **Chc. Hypertens.**  
Date of onset **4/10/31**  
**4/10/31**

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**  
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) **St. Louis** (STATE OR COUNTRY) **Missouri**

FATHER  
13. NAME **James Mortimer**

14. BIRTHPLACE (CITY OR TOWN) **England** (STATE OR COUNTRY)

MOTHER  
15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) **James W. Peglar**  
**4754 Meramec St.**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **New Picker** DATE **4/23** 19**35**

19. UNDERTAKER (ADDRESS) **OSCAR J. HOFFMEISTER UND. CO.**  
**4016-18 CHIPPEWA ST.**

20. FILED **APR 22 1935**  
**J. Bedeck** Registrar

Name of operation **none** Date of **no**  
What test confirmed diagnosis? ..... Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **no** Date of injury..... 19.....  
Where did injury occur? **none** (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **none**  
Nature of injury **none**

24. Was disease or injury in any way related to occupation of deceased? **no**  
If so, specify **Harry J. Hildenreich**, M. D.  
(Address) **13750 Grandis**  
**PR 7624**

