MAR 5 - 1937

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

Do not use this space.

791
1003

File No. 8366
Registered No. 1817

1. PLACE OF DEATH

County ..... Registration District No. 1003

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

City Saint Louis (No. 1909 North Whittier Street, St. ..... Ward)

2. FULL NAME William S. Peck

(a) Residence, No. 1909 North Whittier St., 11 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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	Negro	Married

5A. IF MARRIED, ~~WIDOWED OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Lucy Peck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6th, 1859

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
77	4	1	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1922

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tennessee

FATHER

13. NAME Thomas Peck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tennessee

MOTHER

15. MAIDEN NAME Hannah Unavailable

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

17. INFORMANT Lucy Peck
(ADDRESS) 1909 North Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Feb. 11, 1937

19. UNDERTAKER Charles J. Bates
(ADDRESS) 4107 Finney Avenue.

20. FILED ..... 19 ..... J. J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 7th, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1937, to February ....., 19..37
I last saw him alive on February 7, 19..37 Death is said to have occurred on the date stated above, at 11:05 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Emboli	8days

Other contributory causes of importance:

Chronic Interstitial Nephritis	1yr

Name of operation None Date of .....
What test confirmed diagnosis? Clinical 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) W. Moore, M. D.
(Address) 1336 Franklin Avenue

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.

FEB 1937