

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County
Township
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. Mo. Baptist Hospital)

File No. 22577
Registered No. 6329
St. Ward)

2. FULL NAME Alice Peek

(a) Residence, No. 4520 A. Lexington Ave., 10 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writhe the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Peek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
65 61 2 16

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

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) St. Louis; Mo.

13. NAME John Lattrace

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME (Unknown) Weaver

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

17. INFORMANT Charles Peek
(ADDRESS) 4520 A. Lexington Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns DATE June 30, 1937

19. UNDERTAKER (ADDRESS) Math. Hermann & Son
2161 E. Fair Ave.

20. FILED JUN 29 1937 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-21, 1937 to 6-26, 1937

I last saw him alive on 6-26, 1937. Death is said to have occurred on the date stated above, at 9:03 P.M.

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

Broncho Pneumonia
Disseminated Mollusca
Korsakoff's Psychosis

Date of onset

6/24

4/21/37

4/1/37

Name of operation Date of

What test confirmed diagnosis? Always in past 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) E. J. ..., M. D.

(Address) 3635 ...

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.

OCCUPATION 899

