

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

937  
 Do not use this space.

**FEB 12 1938**

1. PLACE OF DEATH .....  
 (a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **5433 Arsenal St.** Registered No. **793**  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Bridget Peckhaus 220**  
 (a) Residence, No. **5433 Arsenal St.** St. **13**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John C. Peckhaus**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 19, 1870**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
**67 11 2**  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Housewife**  
 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) **Kentucky**  
 FATHER 13. NAME **Pat Donahue**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**  
 MOTHER 15. MAIDEN NAME **Mary Morrow**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**  
 17. INFORMANT **John C. Peckhaus**  
 (ADDRESS) **5433 Arsenal**  
 18. BURIAL, CREMATION, OR REMOVAL PLACE **Centalia Ill.** DATE **1-24 1938**  
 19. FUNERAL DIRECTOR **Kriegshauser Mortuaries**  
 (ADDRESS) **4228 So. Kingshighway**  
 20. FILED **JAN 23 1938** **J. P. Bredeck**  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 21 1938**  
 22. I HEREBY CERTIFY, That I attended deceased from **Nov 12 1938** to **Jan 21 1938**  
 I last saw h.e. alive on **Jan 21 1938**. Death is said to have occurred on the date stated above, at **1:25 P.M.**  
 The principal cause of death and related causes of importance were as follows:  
**Cancer of liver**  
 Date of onset .....  
 Other contributory causes of importance: **H66**  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....  
 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? .....  
 If so, specify .....  
 (Signed) **John J. Murray**, M. D.  
 (Address) **706 1/2 Church**

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.

*See 2001*  
*101 101*

*J.P. Murray for 9605*  
*2001 Charles Lee Rd*  
*1-3*

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed

*Reinhold J. Lohman*

Licensed Embalmer No.

*3395*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**