

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

12729
Do not use this space.

MAY 10 1938

1. PLACE OF DEATH **1103a No, Compton Ave** 791
 (a) County..... Registration District No.....
 (b) Township..... / Primary Registration District No. **1008**
 (c) City **St. Louis** (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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.

Registered No. **3333**

2. PRINT FULL NAME **Raymond Peeler 460**
 (a) Residence, No. **1103a No, Compton Avenue** St. **[21]**
 (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 **Male** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) **Single**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Single**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 22nd 1916**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
21 10 14
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Tailor**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April-6-1938**
 22. I HEREBY CERTIFY, That I attended deceased from **January 20 38**, to **April-6-38**, 19...
 I last saw him alive on **April-5-**, 19**38** Death is said to have occurred on the date stated above, at **12M** m.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset **3 days**

Other contributory causes of importance:
chr. Interstitial Nephritis 4mos

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Little Rock Ark**
 13. NAME **Eliza Peeler**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mississippi**
 15. MAIDEN NAME **Georgia Clark**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Arkadelphia Ark**
 17. INFORMANT (ADDRESS) **Georgia Clark 1103a No, Compton Ave**
 18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE

Name of operation..... 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 **70 Peeler**, M. D.
 (Signed) (Address) **1336 Franklin, St. Louis, Mo.**

19. FUNERAL DIRECTOR **Jas. H. Randle & Son**
 (ADDRESS) **3133 Bell Avenue**
 20. FILED **APR 8 1938** **J.P. Bredeh** Local Registrar

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.

