

1939 FEB 21 1939

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

2359
Do not use this space.

1. PLACE OF DEATH
(a) County Greene Registration District No. 316
(b) Township Springfield Primary Registration District No. 2001 Registered No. 105
(c) City Springfield (d) Street No. St. Johns Hospital 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.

2. PRINT FULL NAME ALICE - T. PECK
(a) Residence, No. 1851 N. Newton St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles E. Peck
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7 - 1892
7. AGE YEARS 56 MONTHS 7 DAYS 28 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Illinois
13. NAME Dominic Savary
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Miss Mc Nary
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (NAME) (ADDRESS) Charles E. Peck
1851 Newton, Springfield, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE Feb 7 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Higgins & Co.
Springfield, Mo.
20. FILED Feb 7 Chas. L. Berger
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1939, to Feb. 5 1939
(last saw him alive on Feb. 5 1939 Death is said to have occurred on the date stated above, at 12:10 P.M.
The principal cause of death and related causes of importance were as follows:
Embolus - Coronary Artery with thrombosis involving left chest artery.
Other contributory causes of importance:
Auricular fibrillation
Gangrene - both extremities.
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? No
Also, specify
(Signed) H. L. Lewis, M. D.
(Address) Springfield

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Every name or information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed J. B. Klingman
Licensed Embalmer No. 3358

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.