

Registration District No. 791

Primary Registration District No. 1000

Registrar's No.

8685

1. PLACE OF DEATH:

(a) County 3  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Enroute to Veterans Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community Not known  
years, months or days)

3. (a) PRINT FULL NAME Charles D. Peek 200

8. (b) If veteran, name war Spanish War 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Alice Peek (deceased) 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 10, 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>5</u>	<u>29</u>	hr. _____ min.

9. Birthplace Aley, Ills.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Mail Handler /

11. Industry or business

12. Name Charles D. Peek /

13. Birthplace Aley, Ills. /  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Aley, Ills.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Arthur C. Peek

(b) Address 3623 Paris Ave

17. (a) Burial (b) Date thereof 10-12-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) OCT 11 1939 (b) J. P. Bredich  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1  
(c) City or town St. Louis 10  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3623 Paris Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9th  
year 1939 hour 3:00 PM. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Adeno Carcinoma of Rectum & Sigmoid; Duration \_\_\_\_\_  
CONTRIB: Intestinal Obstruction.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 46  
(Include pregnancy within 3 months of death)

Major findings: Primary Sigmoid.

Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically. X

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature Walter Perry (M. D. or other) \_\_\_\_\_  
Address W. Perry Date signed 10-11-39

WHILE FILLING IN USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

**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 William G. Buchholz

Licensed Embalmer No. 2110

P. O. Address St. Louis Mo

**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.**