

FILED APR 18 1940

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_

(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G Phillips  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mos 3 das  
(Specify whether years, months or days)

In this community Unknown

3. (a) PRINT FULL NAME William Peoples

8. (b) If veteran, name war Unk

8. (c) Social Security No. Unk

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced sep

6. (b) Name of husband or wife Unk

6. (c) Age of husband or wife if alive Unk years

7. Birth date of deceased June 12, 1876  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>7</u>	<u>26</u>	hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business Nil

MOTHER FATHER

12. Name Ben Peoples

13. Birthplace Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Florence A Spotts

(b) Address 2601 N Whittier

17. (a) \_\_\_\_\_ (b) Date of death 2-14-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W. Keight

(b) Address 3500 Rutgw

19. (a) **MAR 4 1940** (b) J. F. Beckler  
(Date received local registrar)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St Louis 21  
(If outside city or town limits, write "RURAL")

(d) Street No. 2731 Dayton  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February, day 8, year 1940 hour 8:45 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from November 5, 1939, to February 8, 1940, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease with Hypertension

Duration 8-10yrs

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

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

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

Major findings: \_\_\_\_\_

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

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

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)

(e) Means of injury \_\_\_\_\_

23. Signature H. J. Lyman (M. D. or other) \_\_\_\_\_

Address 2601 N Whittier Date signed \_\_\_\_\_

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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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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.**