

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26222
Registrar's No. 1417

Registration District No. 784

Primary Registration District No. 101

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hr. (Specify whether
In this community 6 mos. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Prospect Hill
(If outside city or town limits, write "RURAL")
(d) Street No. 420 Leaden (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Curle Peebles 142

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 7, 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 20 hr. _____ min.

9. Birthplace St. Louis County (City, town, or county) (State or foreign country) 0

10. Usual occupation 1

11. Industry or business _____

MOTHER FATHER { 12. Name Caroy Peebles
13. Birthplace Alabama (City, town, or county) (State or foreign country)
14. Maiden name Olivia Peebles O'NEALS
15. Birthplace Alabama (City, town, or county) (State or foreign country)

16. (a) Informant C. J. Gates
(b) Address 4107 Finney, St. Louis, Mo.

17. (a) Removal 7-28-40 (b) Date thereof 7 28 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. Gates
(b) Address 4107 Finney, St. Louis, Mo.

19. (a) JUL 30 1940 (b) R. M. Moore
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1940 hour 3 minute 40 P.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: Dehydration, anhydremia

Due to Gastroenteritis 3 days

Due to 119 B

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

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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? _____
707 (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature M. A. Spitz (M. D. or other) 1
Address St. Louis County Hospital Date signed 7/28/40

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

022

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.

Gates Funeral Home

Undertaking Co.

Address 4107 Finney Ave.

St. Louis, Mo.

July 29th. 1940

EMBALMER'S CERTIFICATION

This is to certify that I, the undersigned, a licensed embalmer, personally and efficiently embalmed the following described cadaver:

Full name Carlie B. Peeples Race Colored

Place and date of death St. Louis County Hospital 7-27-40

Physician (or Coroner) signing Certificate

Place and date of Embalming 4107 Finney Ave. 7-28-40

Remarks

Signed

Missouri License No. 3522

5-26222