

Registration District No. **791** Primary Registration District No. **1003**

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 Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days
(Specify whether
In this community 6 Yrs.
years, months or days)

3. (a) PRINT FULL NAME Charles Edward Peaston

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

4. Sex Male 5. Color or race Negro 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 8-5-40
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name James Peaston

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

14. Maiden name Lovine Kent

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

16. (a) Informant Ester May Sherrard

(b) Address 2601 N Whittier

17. (a) burial (b) Date thereof 9-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem

18. (a) Signature of funeral director W. A. Hamilton

(b) Address City Health Dept.

19. (a) 25 1940 (b) J. P. Peaston
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 1425a N 22nd
(If rural, give location)
(e) If foreign born, how long in U.S.A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 15
year 1940 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from 8-5-1940 to 8-15-1940

that I last saw him alive on 8-15- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Icterus Neonatorum

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy As above

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 J. C. Peace (M. D. or other) 9

Address 2601 N Whittier Date signed 9-25-40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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.