

Registration District No. **7911**

Primary Registration District No. **1003**

Registrar's No. **9106**

FILED DEC 11 1940

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: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Charlotte Belle Peck

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

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

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

7. Birth date of deceased Oct. 2, 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation none

11. Industry or business none

12. Name Wm. Judd

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

14. Maiden name Charlotte Wheeler

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

16. (a) Informant Isabel Wagner

(b) Address 3950^a Wilmington

17. (a) Burial (b) Date thereof 11-5-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd

19. (a) NOV 5 1940 (b) J. B. Breda
(If received by registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis /
(If outside city or town limits, write "RURAL")
(d) Street No. 3950^a Wilmington
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 3
year 1940 hour _____ minute 9³⁰ P. M.

21. I hereby certify that I attended the deceased from 10/28/40
_____, 19____, to 11/3/40, 19____;

that I last saw her alive on 11/2/40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duquoin, Ill

Due to Arterial changes

Due to myocardial ch
thrombosis 93C

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Serous ovarian cyst
Non malignant
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 W. C. Brown (M. D. or other) _____
Address Main Bldg. St. Louis Mo Date signed 11/3/40

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

MOTHER FATHER

Dr. Q. U. Newell
4500 Olive
to 5³⁰

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.....

Virgil L. Berryman
.....
Licensed Embalmer No. *4018*

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, fact should be so stated above.