No. 2
13-40
17-39
X23159

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

FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 4396

Registration District No. 7820 Primary Registration District No. 202 Registrar's No. 113

**1. PLACE OF DEATH:**
(a) County: St. Louis County
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Admitted 12/5/40. (Specify whether years, months or days)
In this community: unknown.

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: 000
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No.: 2602 Pine Street (If rural, give location) 7
(e) If foreign born, how long in U. S. A.? - years. 1

3. (a) PRINT FULL NAME: Dennis Pegues
3. (b) If veteran, name war: World War
3. (c) Social Security No. 498-05-1141
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: -
6. (c) Age of husband or wife if alive: - years
7. Birth date of deceased: May (Month) 18 (Day) 1889 (Year)

8. AGE: Years 51 Months 7 Days 26 If less than one day hr. min.

9. Birthplace: Ft. Smith, (City, town, or county) Arkansas. (State or foreign country)
10. Usual occupation: Clerk
11. Industry or business: Grocery Store
FATHER 12. Name: Mason Pegues
13. Birthplace: (City, town, or county) Mississippi (State or foreign country)
MOTHER 14. Maiden name: Jeannie Lottia
15. Birthplace: (City, town, or county) Mississippi (State or foreign country)
16. (a) Informant: M. Schieleg
(b) Address: Clinical Clerk, VAF, Jeff. Bk., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-41 (Month) (Day) (Year)
(c) Place: burial or cremation: National Cemetery
18. (a) Signature of funeral director: Chas. Gates
(b) Address: 4107 Finney Ave. St. Louis
19. (a) JAN 19 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 14th year 1941, hour 7:35 minute p. M.
21. I hereby certify that I attended the deceased from December 5, 1940, to January 14, 1941; that I last saw him alive on January 14, 1941 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Tuberculosis, pulmonary, chronic, active, far advanced. Unknown | |
| Due to: - | |
| Due to: - | |
| Other conditions: none. (Include pregnancy within 3 months of death) | |
| Major findings: Of operations: No operation. | |
| Of autopsy: No 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): no
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: C. W. HUGHES, M.D., (M. D. or other)
Address: Chief Medical Officer. Date signed 1/15/41.

(Licensed Embalmer's Statement on Reverse Side)

FEB 8 1949

**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 James A. Johnson, Registered Apprentice No. ..... working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**