

3-40
-39
X23159

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: **ST. ANTHONY'S 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 **THOMAS ROBERT PEART**

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

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**

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

7. Birth date of deceased **SEPTEMBER 2 1920**
(Month) (Day) (Year)

8. AGE: Years **20** Months **5** Days **16** 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 **EMERSON ELECTRIC CO.**

12. Name **JESSE PEART**

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

14. Maiden name **CLARA HILDEBRAND**

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

16. (a) Informant **Mrs. Clara Peart**
(b) Address **6101 Vermont**

17. (a) **BURIAL** (b) Date thereof **2/21/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **NEW SPETER + PAULS CH.**

18. (a) Signature of funeral director **E. J. Schurz**

(b) Address **3125 Lafayette**

19. (a) **FEB 20 1941** (b) **J. H. Redek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **000**
(c) City or town **ST. LOUIS** **171**
(If outside city or town limits, write "RURAL")
(d) Street No. **6101 VERMONT** **9**
(If rural, give location) **0**
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **18th**
year **1941** hour **8** minute **10 A.M.**

21. I hereby certify that I attended the deceased from **Feb. 7th**
_____, 19**41**, to **Feb 18th**, 19**41**
that I last saw him alive on **Feb. 18th**, 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Septicemia** Duration **6 days**

Due to **Perforated Duodenum** **7 days**
Appendicitis & Peritonitis

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

Major findings: Of operations **Perforated Duodenum**
Appendicitis, Peritonitis
Of autopsy **Same**

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 **h**

23. Signature **Walter F. Donald** (M. D. or other)
Address **4738^a Davis** Date signed **2/19/41**

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.....

Jose B. Hollman

Licensed Embalmer No. *4014*

P. O. Address.....

3125 Jujuy St a

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.