

No. 2
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5-17-39
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FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16319**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **3837**

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Died on street 3
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME John Peppers

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

4. Sex Male 5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucie Peppers 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased December 25, 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>4</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation Labor

11. Industry or business _____

MOTHER FATHER { 12. Name Nelson Peppers
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Lucie Dean
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Lucie Peppers
(b) Address 1106 Ohio Ave

17. (a) Burial (b) Date thereof 5-9-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director J. A. Green
(b) Address 2915 Franklin Ave

19. (a) MAY 6 1941 (b) J. H. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00022
(c) City or town St. Louis 17
(If outside city or town limit, write "RURAL")
(d) Street No. 1006 Ohio Ave 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1941 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Myocarditis

Due to Chronic Nephritis

Due to _____

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

Major findings: _____
Of operations 12/18

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 5

23. Signature Thomas F. Callahan (M. D. or other)
Address Deputy Coroner Date signed 5/5/41

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 *E. A. Green*

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin

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.