

No. 2  
1-13-40  
-17-39  
X23159

FILED SEP 8 1941

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1695

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ballwin  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Ozark Nursing Home ✓  
(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 Walter G. Peake

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M O 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nancy Peake

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Feb. 1, 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	6	10	hr. _____ min.

9. Birthplace Dublin, Ireland ✓  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Unknown

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

14. Maiden name Aston

15. Birthplace Ireland ✓  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Sander

(b) Address 2204 St. Clair

17. (a) Burial (b) Date thereof 8-13-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) AUG 12 1941 (b) C. H. Bockelman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L. 96

(c) City or town Brentwood 9  
(If outside city or town limits, write "RURAL")

(d) Street No. 2204 St. Clair 1  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11  
year 1941 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from 8/26, 1937, to 8/11, 1941;  
that I last saw him alive on 7/31, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Addison's disease 5 yrs

Due to \_\_\_\_\_

Due to 65a

Other conditions 65a  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 C. H. Bockelman (M. D. or other) M. D.  
Address 2615 Brentwood Blvd. Date signed 8/12/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
S. 8. 490-14-6589

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**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

*H. E. Burgess*

Licensed Embalmer No.

*4029*

P. O. Address

*Maplewood*

**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.**