S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9067

FILED APR 13 1942

Registration District No. 1791 Primary Registration District No. 1003 Registrar's No. 2883

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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: FIRMIN DESLOGE
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 21 100 17

(c) City or town ST LOUIS 7
(If outside city or town limits, write "RURAL")

(d) Street No. 3556 EASTON
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Peckham, James

3. (b) If veteran, name war No

3. (c) Social Security No. NO

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife ROSE

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

7. Birth date of deceased AUGUST (Month) 18 (Day) 1863 (Year)

8. AGE: Years 78 Months 7 Days 9 If less than one day hr. min.

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

10. Usual occupation NONE

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Miss Ruth Joyce
(b) Address 2331 MULLANPHY

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-31-42 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen-Kelly
(b) Address 1716 N. TAYLOR AVE

19. (a) MAR 31 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 42 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from January 19, 1942 to March 27, 1942
that I last saw him alive on March 27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart Failure	
Due to: Senility and	
P.O. Pneumonia	
Due to:	
Other conditions: Old Tbc Fibrosis	
(Include pregnancy within 3 months of death) Rt. Apex Senile Arteriosclerosis	

Major findings:
Of operations: No Pathology. Ca of Colon suspected by x-ray
Of autopsy: Dilation of heart, Pneumonia congestion, Arteriosclerosis

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. Ernest Jense (M. D. or other) M.D.
Address Firmin Desloge Hosp. Date signed 3/30/42

(Licensed Embalmer's Statement on Reverse Side)

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 .....

..... Myself ....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Glenn E. Anderson

Licensed Embalmer No. 4141

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.