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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

9068

State File No. 2263

Registration District No. 791 FILED APR 8 1942

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis 1 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DePAUL Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 HOUR (Specify whether

In this community 40 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St Louis 7 (If outside city or town limits, write "RURAL") 17

(d) Street No. 5024 DURANT (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Robert R. Peek

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race White

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

6. (b) Name of husband or wife ALICE

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Dec (Month) 2 (Day) 1892 (Year)

8. AGE: Years 49 Months 3 Days 8 If less than one day hr. min.

9. Birthplace AYA (City, town, or county) ILL 1 (State or foreign country)

10. Usual occupation Druggist

11. Industry or business

FATHER
12. Name Geo W. Peek
13. Birthplace (City, town, or county) OHIO 1 (State or foreign country)

MOTHER
14. Maiden name MARGARET McKENNA
15. Birthplace NEWARK (City, town, or county) N.J. 1 (State or foreign country)

16. (a) Informant Alice Peek

(b) Address 5024 Durant

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-13-1942 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen Kelly

(b) Address 7267 Nat Bridge

19. (a) MAR 12 1942 (Date received local registrar) (b) J. F. Bledick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 10 year 1942 hour 11 minute 50 P M.

21. I hereby certify that I attended the deceased from Mar 10, 1942 to Mar 10, 1942 that I last saw him alive on Mar 10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death BRAIN ABCESS left frontal lobe

Due to Metastasis from healing abcess of right middle lobe

Due to of lung.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Brain abcess
Lung abcess healing

Duration

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 John G. McInerney (M. D. or other) MD

Address 5014 Thekla Av. Date signed 3/11/42

(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.....

.....Registered Apprentice No.....

working under my personal supervision.

Signed Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.