

S. No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21858**

JUL 23 1942
Registration District No. **1004**

Primary Registration District No. **4358**

Registrar's No. **54**

72
4
0
731942
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **New Madrid**
(b) City or town **New Madrid, Mo.**
(c) Name of hospital or institution **No 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **No** (Specify whether)
In this community **About 40 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **New Madrid**
(c) City or town **New Madrid** (If outside city or town limits, write "RURAL") **4**
(d) Street No. **0** (If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **CATHRYN LOUISE PECK**
3. (b) If veteran, name war **✓**
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July**, day **1**, year **1942** hour **5:15** minute **P** M.
21. I hereby certify that I attended the deceased from **1-10-1941** to **7-1-1942**
that I last saw her alive on **7-1-1942** and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **J. L. PECK**
6. (c) Age of husband or wife if alive **77** years
7. Birth date of deceased **MAY 16 1873**
(Month) (Day) (Year)

Immediate cause of death **Coronary Failure** Duration **2 wks.**

8. AGE: Years **69** Months **1** Days **15** If less than one day hr. min.

Due to **Myocardial Disease (Chronic)** **10 yrs.**
Due to **Coronary occlusion (Chronic)**

9. Birthplace **St Louis, Mo**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: **938**
Of operations
Of autopsy

10. Usual occupation **Housewife**

11. Industry or business
12. Name **Thomas Matthews**
13. Birthplace **St Louis, Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Cathryn Meyer**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

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) Means of injury

16. (a) Informant **J. L. Peck**
(b) Address **New Madrid, Mo.**
17. (a) **Burial** (b) Date thereof **7-5-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sikeston, Mo.**
18. (a) Signature of funeral director **Richards and Co.**
(b) Address **New Madrid, Mo.**
19. (a) **7-14-1942** (b) **Alfred Spidler**
(Date received local registrar) (Registrar's signature)

23. Signature **Louis Janick** (M. D. or other) **MD**
Address **New Madrid, Mo.** Date signed **7-13-42**

1031 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. _____

District File Number 742-918

Date Filed 7-22-42

NEW YORK

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 Leo Hedywith

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.