

No. 2
-5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

29079
State File No.
Registrar's No. 2894

FILED OCT 6 1948

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital
(d) Length of stay: In hospital or institution 3 Days
In this community 50 years

3. (a) PRINT FULL NAME Margaret Pepper
(b) If veteran, name war No
(c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 9

(b) Name of husband or wife Harvey (c) Age of husband or wife if alive 9 years

7. Birth date of deceased March 4, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 6 18 hr. min.

9. Birthplace St. Charles, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Peter Tayon
13. Birthplace St. Charles, Mo.
14. Maiden name Theresa Lereque
15. Birthplace St. Charles, Mo.

16. (a) Informant May DePung
(b) Address 2840 Eads Ave

17. (a) Burial (b) Date thereof 9/24/52
(c) Place: burial or cremation Wesleyan Cem

18. (a) Signature of funeral director C. W. McLaughlin
(b) Address 2301 Lafayette Ave.

19. (a) SEP 23 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 17
(c) City or town St. Louis 923
(d) Street No. 2840 Eads Ave
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22, year 1942 hour 12:55 minute A. M.

21. I hereby certify that I attended the deceased from September 19, 1942 to September 22, 1942; that I last saw her alive on September 22, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to Syphilis
Due to 20 7
Other conditions (Include pregnancy within 3 months of death) 20 7

Major findings: Of operations
Of autopsy refused

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (r) Means of injury
23. Signature Louis S. Neidoff (M. D. or other)
Address 1515 Lafayette Avenue Date signed 9/22/42

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

MOTHER FATHER

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.....

L. B. Cooper

Licensed Embalmer No.....

3633

P. O. Address.....

2317 Lafayette

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.