

REC'D NOV 11 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution: **City Hospital No 1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... **one Month**
(Specify whether Yes or No)

In this community... **Yes**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County..... **000**

(c) City or town... **St. Louis Mo. 119**
(If outside city or town limits, write "RURAL")

(d) Street No. **1522 N Vandeventer**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) **0**
If yes, name country.....

3. (a) PRINT FULL NAME **Cora Elsie Peckham**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **29th**
year **1942** hour **11:40** minute **A.** M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced... **Widow**

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

7. Birth date of deceased **March 17th 1872**
(Month) (Day) (Year)

that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

8. AGE: Years **70** Months **7** Days **18** If less than one day hr. min.

Immediate cause of death **Fractured at femur, nephros, pelvis, arteries, lungs, ruptured when deceased fell to the floor in the bedroom of her home at 1522 N Vandeventer St Due to st. 1942 about 11.00 AM**

Other conditions..... (Include pregnancy within 3 months of death)

9. Birthplace **Pittsburgh Pa.** (City, town, or county) (State or foreign country) **1**

10. Usual occupation **Housewife**

11. Industry or business.....

Major findings: Of operations.....

Of autopsy.....

MOTHER FATHER

12. Name **John A Sheperd**

13. Birthplace **Pittsburgh Pa** (State or foreign country) **1**

14. Maiden name **Mary S Hoyle**

15. Birthplace **Pittsburgh Pa** (City, town, or county) (State or foreign country) **1**

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant **John S Peckham**

(b) Address **1522 A N Vandeventer Ave**

17. (a) **Burial** (b) Date thereof **Nov 2nd 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident 000**

(b) Date of occurrence **Oct 1 1942**

Where did injury occur? **st. home**
(City or town) (County) (State)

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

18. (a) Signature of funeral director **John J.A. Barrett**

(b) Address **2819 Union Ave**

19. (a) **OCT 21 1942** (Date received local registrar) **J. F. Prebeck** (Registrar's signature)

While at work? **no** (Specify type of place) (a) Means of injury **fall**

23. Signature **Thomas F Callensen** (M.D. or other) **2**

Address **Deputy Coroner** Date signed **10/31/42**

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

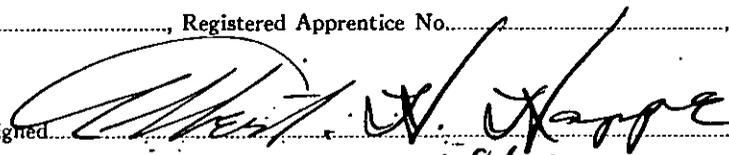
MAR 29 1945

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.....



Licensed Embalmer No. 1861.....

P. O. Address.....

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.