

**FILED DEC 1 1942**  
Registration District No. **818**

Primary Registration District No. **1003**

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:  
**1218 N. Sarah Street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community **24 yrs.**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1218 N. Sarah St.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** Day **29**  
year **1942** hour **8** minute **20**: p. M.

21. I hereby certify that I attended the deceased from **Nov 27**  
**1942** to **Nov 29** 19**42**  
that I last saw **her** alive on **Nov 27** 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral apoplexy**  
Due to **Cerebral Hemorrhage**

Due to \_\_\_\_\_  
Other conditions **None**  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature **Wm E. Rice** (M. D. or other) \_\_\_\_\_  
Address **1052 N. Sarah** Date signed **11/29/42**

3. (a) PRINT FULL NAME **Alethea Pegues**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Fem** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Hayes Pegues** 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **Jan. 4, 1888**  
(Month) (Day) (Year)

8. AGE: Years **54** Months **10** Days **25**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **Louis Ransom**

13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Liza Nelson**

15. Birthplace **Mississippi**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Hayes Pegues**

(b) Address **1218 N. Sarah Street.**

17. (a) **Removal** (b) Date thereof **12/4/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Holly Springs, Miss.**

18. (a) Signature of funeral director **R. M. C. Green**

(b) Address **3517 Laclede Ave.**

19. (a) **DEC 4 1942** (b) **J. F. Bredbeck**  
(Date received local registrar) (Registrar's signature)

**844** (Licensed Embalmer's Statement on Reverse Side)

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.....

*P. M. Green*

Licensed Embalmer No. *1173*

P. O. Address *3517 Saddle Ave*

**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.**