

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28780**

FILED AUG 20 1943

Registration District No. **209** Primary Registration District No. **3043** Registrar's No. **208**

1. PLACE OF DEATH:
(a) County **Marion**
(b) City or town **Hannibal**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Marion**
(c) City or town **Hannibal**
(If outside city or town limits, write "RURAL")
(d) Street No. **1520 HUERNSEY**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **George L. Peikett**
3. (b) If veteran, name war..... 3. (c) Social Security No. **490-07-7539**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **22** year **1943** hour **about 9** minute **10 P. M.**
21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Anna L.** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Feb. 18, 1889**
(Month) (Day) (Year)

that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.
Immediate cause of death **Died suddenly**

8. AGE: Years Months Days If less than one day
54 **5** **4** hr. min.

Due to **Apparently, Coronary Thrombosis**
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

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

Major findings:
Of operations.....
Of autopsy.....

10. Usual occupation **Rubber Plant**

MOTHER FATHER
12. Name **HERMAN PEIKETT**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Welsh**
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 **July 22, 1943**
(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?.....

16. (a) Informant **Mrs. Anna L. Peikett**
(b) Address **Hannibal Mo**

17. (a) **Burial** (b) Date thereof **7-26-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Gray Ave. Burial Park**

While at work?..... (Specify type of place) Means of injury **3**
23. Signature **W. M. Smith** (Registrar)
Address **902 Broadway Hannibal** Date signed **7/23/43**

18. (a) Signature of funeral director **James O'Donnell**
(b) Address **Hannibal Mo**
19. (a) **7-24-43** (b) **R. M. Connor**
(Date received local registrar) (Registrar's signature)

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

4
3
4

Duration
Physician
Underline the cause to which death should be charged statistically.

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.....

Michael J. O'Honnell

Licensed Embalmer No. 3246

P. O. Address.....

Harris of Mead

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.