

FILED JAN 4 1948

State File No. _____
Registrar's No. 11722

Registration District No. _____ 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:
Missouri Baptist 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 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3459 Sublette (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Major Frank W. L. Peebles
(b) If veteran, name war No (c) Social Security No. None
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rosa O. 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased December 5, 1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 24
year 1943 hour 10:20 minute _____ P. M.
21. I hereby certify that I attended the deceased from Jan. 12, 1932
19 _____ to Dec. 24, 1943 19 _____
that I last saw him alive on Dec. 24, 1943 19 _____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
67 0 19 _____ br. _____ min.

Immediate cause of death Coronary Thrombosis
Posterior Duration 5 days
Due to Retrocecal appendical abscess 7 days
Due to Peritonitis acute, about 2 days

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

Other conditions Diabetia, years
(Include pregnancy within 3 months of death)

10. Usual occupation Electrical Instructor

PHYSICIAN
Major findings: Retrocecal abscess
Peritonitis
Of autopsy As above
Underline the cause to which death should be charged statistically.

11. Industry or business U. S. Naval Training School

12. Name Frank Wilbur Peebles

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Louie A. Fitzgibbons

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rosa O. Peebles

(b) Address 3459 Sublette

17. (a) Burial (b) Date thereof 12 - 28 - 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. F. Brubaker

(b) Address 1225 Union Blvd

19. (a) DEC 27 1943 (b) J. F. Brubaker
(Date received local registrar) (Registrar's signature)

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 Clayton Sewal (M. D. or other)
Address Chemical Works Date signed 12/27/43

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

MOTHER FATHER

Dr. Floyd Stuart
Chemical Bldg

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.....

E. W. Wilkinson

Licensed Embalmer No.....

3575

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.