

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, 17 6
(If outside city or town limits, write "RURAL") 9
(d) Street No. 5143a Maffitt Avenue,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

William Peckham

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 17th 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 11 11 hr. min.

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

10. Usual occupation Musician

11. Industry or business

MOTHER FATHER

12. Name Oscar A. Aubschönm
13. Birthplace (unknown)
14. Maiden name Mary Carroll
15. Birthplace (unknown)

16. (a) Informant Mrs. J. Engelland-aunt.
(b) Address 5143a Maffitt Avenue,

17. (a) burial (b) Date thereof 1/31/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers,
(b) Address 12849 North Euclid Avenue,
JAN 29 1944

19. (a) (b) J. E. Bruleck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28th
year 1944 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 27 1944 to Jan 27 1944
that I last saw him alive on Jan 27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Phlegm & Infarction

Other conditions
Major findings: Of operations
Of autopsy

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) Means of injury
Signature W. H. White (M. D. or other)
Address 803 N. Westbury Hwy. Date signed 1-28-44

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

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

Dr. W. H. White

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

Albert I. Mayfield

Albert I. Mayfield

Licensed Embalmer No. # 3077

P. O. Address St. Louis, Mo.,

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.