

S. No. 2
M-5-43
7-5-17-39
I X36671

FILED MAR 27 1944
318

Registration District No. _____ Primary Registration District No. _____

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

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:
1522 So. BROADWAY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 1 WK.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County SCOTT

(c) City or town CHAFFEE
(If outside city or town limits, write "RURAL")

(d) Street No. ROUTE 179
(If rural, give location) NR.

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LEMUEL HARDIN JACKSON PEERY

3. (b) If veteran, name war NO

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 16 year 1944 hour 7 minute 45 A.

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

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MIONIE PEERY

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased DEC 25 1878
(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 Chronic Myocarditis
Arterio Sclerosis

8. AGE: Years 65 Months 2 Days 20 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

9. Birthplace Fredricks town MO
(City, town, or county) (State or foreign country)

Other conditions 93
(Include pregnancy within 3 months of death)

10. Usual occupation MINER

11. Industry or business _____

MOTHER FATHER { 12. Name GEORGE PEERY

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

14. Maiden name ELIZABETH KILLEY 9

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant MINNIE PEERY

(b) Address 1522 So. Broadway

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-16-44
(Month) (Day) (Year)

(c) Place: burial or cremation CHAFFEE MO

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? _____

18. (a) Signature of funeral director SEBAUGH FUNERAL HOME

(b) Address CAPE GIRARDEAU MO

19. (a) MAR 10 1944 (Date received by registrar)

J. F. Blum (Registrar's signature)

While at work _____ (Specify type of place)

(e) Means of injury 3

23. Signature Alfred Peery (M.D. or other) _____

Address Chaffee, Mo Date signed 3/16/44

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.

Emb. cert. filed separate

Signed.....

Licensed Embalmer No.....

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.