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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20126

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5283

1. PLACE OF DEATH:

(a) County ~~En Route to Homer Phillips~~

(b) City or town St. Louis Hospital
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Case
~~Enroute to Homer Phillips Hospital~~
(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)

In this community 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1441 N 16th st
(If rural, give location)

(e) Citizen of foreign country? Citizen (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Pillman Peoples

3. (b) If veteran, name war

3. (c) Social Security No. 492-16-0823

4. Sex Male

5. Color or race Col.

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

6. (b) Name of husband or wife Ded

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

7. Birth date of deceased Mar (Month) 15 (Day) 1904 (Year)

8. AGE: Years 42 Months 2 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Greenwood (City, town, or county) Miss (State or foreign country)

10. Usual occupation Common Labor

11. Industry or business —

MOTHER FATHER

12. Name Bob Peoples

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

14. Maiden name Unknown

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

16. (a) Informant Olnie Larry

(b) Address 1441 N 16th st

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director M Vasser & L Thomas

(b) Address 2812 Cass Ave

19. (a) ..... (Date received, local registrar) (b) J. F. Bresnick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1944 hour 7-20 pm minute ..... A.M. P.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage from crushed chest when struck by a Pennsylvania train

Due to (b) Clyde Kerns, Engineer and Ernest Ellis, Fireman

Due to (c) collision of Terminal Railroad train and Belt St

Other conditions (Include pregnancy within 3 months of death) around 7:20 pm June 1 1944

Major findings:
Of operations

Of autopsy

Duration

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) Accident

(b) Date of occurrence June 1 1944

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ~~Industry~~ Public place (Specify type of place)

While at work? No (e) Means of injury crushed

23. Signature Thomas F Callan (M. D. or other)

Address Deputy Coroner Date signed 6-2-44

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3522

P. O. Address 3506 Franklin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.