

FILED JUL 31 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23330

State File No.

Registrar's No.

6459

Registration District No. 318

Primary Registration District No. 3000

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2607 So Grand ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 2 yrs
years, months or days (Specify whether)

3. (a) PRINT FULL NAME LUCINDY PEACOCK

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex female 5. Color or race col 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Dead 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased April 8 1886
(Month) (Day) (Year)

8. AGE: Years 88 Months 3 Days 12 If less than one day hr. min.

9. Birthplace Monticello Ga
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business.....

12. Name not known

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Bell
15. Birthplace Jasper County Ga
(City, town, or county) (State or foreign country)

16. (a) Informant Lucille Hart

(b) Address 2607 So Grand

17. (a) buried (b) Date thereof July 28 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monticello Ga

18. (a) Signature of funeral director J. J. Watson

(b) Address 2769 Chestnut

19. (a) JUL 28 1944 (b) J. J. Bruce
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 129
(c) City or town St Louis 917
(If outside city or town limits, write "RURAL")
(d) Street No. 2607 So Grand ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1944 hour 7 minute 45 PM

21. I hereby certify that I attended the deceased from July 20th 1944 to July 20 1944
that I last saw him alive on July 20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 30 min
& Hypertension? 20 yrs

Due to Ch. Hypocardiis
& Hypertension?
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

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).....
(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) Means of injury.....

23. Signature Barton Bohannon (M. D. or other) MD
Address 2607 S. Grand Date signed 7/21/44

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

MOTHER FATHER

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..... *S. J. Watson*.....

Licensed Embalmer No. *2698*.....

P. O. Address *2769 Chouteau*.....

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.