S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1944

Registration District No. 377

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 28806

Registrar's No. 1851

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans' Administration Facility (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. Aug. 30, 1944 (Specify whether In this community Since August 30, 1944. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 79

(a) State Missouri (b) County Perry

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

(d) Street No. 11a E. St. Marie St. (If rural, give location)

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

If yes, name country - -

3. (a) PRINT FULL NAME PEDEN, DR. SAMUEL EDWARD

3. (b) If veteran, name war W.W. #1

3. (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 Mrs. Josephine Peden

6. (c) Age of ~~husband or~~ wife if alive 55 years

7. Birth date of deceased March (Month) 21, (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	5	11	hr. - - min.

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

10. Usual occupation Physician.

11. Industry or business Practicing in Perryville, Mo.

FATHER
12. Name Sam Peden,
13. Birthplace (City, town, or county) Indiana. (State or foreign country)

MOTHER
14. Maiden name Frances Wyatt,
15. Birthplace (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant M. Schulley Clinical Clerk,

(b) Address Vets. Adm. Fac., Jeff. Brks., Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9-6-44 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) SEP 6- 1944 (Date received local registrar) (b) E. L. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2nd. year 1944 hour 7:57 minute P.M. M.

21. I hereby certify that I attended the deceased from August 30, 1944 to September 2, 1944 that I last saw him alive on September 2, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CEREBRAL ARTERIOSCLEROSIS, (THROMBOSIS) WITH HEMIPLEGIA, LEFT.	UNKNOWN
~~DUE TO~~ OTHER CONDITIONS: - ARTERIOSCLEROSIS, GENERAL.	UNKNOWN
~~DUE TO~~ NEPHRITIS, CHRONIC, WITH NITROGEN RETENTION.	UNKN.
~~Other conditions~~ (Include pregnancy within 3 months of death)	

Major findings: Of operations No operation

Of autopsy No Autopsy. 131b

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) No

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. A. GERMAN, M.D., (M. D. or other)

Address Chief Medical Officer, Jefferson Barracks, Mo. Date signed 9-4-44

701

(Licensed Embalmer's Statement on Reverse Side)

DEC 4 1948

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 Warren A. Carver

Licensed Embalmer No. 3534

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.