V. S. No. 2
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Rev. 5-17-39
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#17262

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1945

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 15470

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4289

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

**1. PLACE OF DEATH:**

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital #1. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 312
(If outside city or town limits, write "RURAL")

(d) Street No. 5027 Enright
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

**3. (a) PRINT FULL NAME** Harry Peeples

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife

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

7. Birth date of deceased November 24th 1875
(Month) (Day) (Year)

8. AGE: Years ~~75~~ 69 Months 5 Days ~~10~~ 16 If less than one day hr. min.

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

10. Usual occupation Unknown

11. Industry or business

FATHER
12. Name William Peeples
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Caroline Woods
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Margaret Johnson
(b) Address 2512 Delmar Granite City

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 12 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Granite City Ill

18. (a) Signature of funeral director Charles E Mercer
(b) Address Granite City Ill

19. (a) MAY 15 1945 (Date received local registrar) J. F. Budeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 10th year 1945 hour 10:10 minute P. M.

21. I hereby certify that I attended the deceased from 4/24/45, 19, to 5/10/45, 19; that I last saw him alive on 5/10/45, 19; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Anthracosis Silicosis | |
| Due to a | |
| Due to 114 | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy Same.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature James J. Finn (M. D. or other)

Address 1515 Lafayette 5/11/45 Date signed

(Licensed Embalmer's Statement on Reverse Side)

4289

4289

## 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 Charles E Mercer

Licensed Embalmer No. 2988

P. O. Address Granite City Ill

**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.**