U. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23902

State File No.

FILED AUG 13 1945

Registration District No. 16 Primary Registration District No. 3020 Registrar's No. 78

6
6
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1. PLACE OF DEATH:

(a) County Franklin.

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

(c) Name of hospital or institution: St. Francis Hospital. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days. (Specify whether

In this community 15 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

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

(d) Street No. 909 W. 5th St. (If rural, give location)

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

If yes, name country x

3. (a) PRINT FULL NAME Herman Gregory Peirick.

3. (b) If veteran, name war x

3. (c) Social Security No. 493-01-0434

4. Sex Male

5. Color or race White

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

6. (b) Name of wife Mary Peirick

6. (c) Age of wife if alive 30 years

7. Birth date of deceased April (Month) 29th, (Day) 1907 (Year)

8. AGE: Years 38 Months 3 Days 1 If less than one day hr. min.

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

10. Usual occupation Shoe-worker.

11. Industry or business x

FATHER 12. Name Henry Peirick.

FATHER 13. Birthplace Neier, (City, town, or county) Missouri. (State or foreign country)

MOTHER 14. Maiden name Julia Voss.

MOTHER 15. Birthplace Neier, (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Mrs. Mary Peirick

(b) Address 909 W. 5th St. Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 2nd 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Nieburg & Titt, Inc.

(b) Address Washington, Mo.

19. (a) 7/31/45 (Date received by local registrar) (b) Lucille R. Brooks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th, year 1945 hour 6:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 10, 1945, 19..., to July 30, 1945, that I last saw him alive on July 30, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Gastric hemorrhage

Due to Thrombocytopenic purpura

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Enlarged spleen

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)

(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 [illegible] (M. D. or other)

Address Washington Mo. Date signed 7/31/45

1181

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 8-9-45

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 me, Registered Apprentice No. , working under my personal supervision.

Signed A. C. Nieburg,
Licensed Embalmer No. 2387
P. O. Address Washington, Mo

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.