

No. 2
M-5-43
5-17-39
X38671

State File No. _____

FILED JAN 31 1946

Registration District No. _____ Primary Registration District No. 6876

Registrar's No. 243

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rock Hill Village
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
903 Blossom Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 15 months
years, months or days)

3. (a) PRINT FULL NAME Carrie Moody Peck
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Dan'l Reed Peck 6. (c) Age of husband or wife if alive dec'd years
7. Birth date of deceased April 24 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 9 1 hr. min.

9. Birthplace New Home Mo
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Thomas Moody

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

14. Maiden name Georg Ann Anderson

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

16. (a) Informant Mrs Maurice Jarrett

(b) Address 903 Blossom Lane

17. (a) Removal (b) Date thereof 1-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Missouri Municipal Service
(b) Address 1117 N Grand

19. (a) 1-29-46 (b) E. E. McFarlan M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis 96
(c) City or town Rock Hill Village 14
(If outside city or town limits, write "RURAL")
(d) Street No. 903 Blossom Lane 0
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24
year 1946 hour 6 minute 25 p. M.

21. I hereby certify that I attended the deceased from Dec 1 1945 to Jan 24 1946
that I last saw h. w alive on Jan 23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease 1 y

Due to Arterio sclerosis ?

Due to 93d

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?

(Specify type of place) _____
While at work _____ (e) Means of injury _____

23. Signature Plummer Kane (M. D. or other)
Address 1117 N Grand Date signed 1/25/46

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

215800-4

11/15 1945

707

FEB 1 1946

FEB 1 1946

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

Julius M. Meyer

Licensed Embalmer No.

3288

P. O. Address

*340 E. Adams
Baltimore 22 Md*

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.