. No. 2
—8-43
5-17-39
I X37823

6

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

18090

State File No.

FILED MAY 27 1946

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1121

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Manchester Nursing Home 4 (If not in hospital or institution, write street number or location)

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

In this community 6 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson 50

(c) City or town Desoto Mo. 2 (If outside city or town limits, write "RURAL")

(d) Street No. 816 Pratt 2 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country —

3. (a) PRINT FULL NAME RHODA BERKLEY PEERS

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife John Peers

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

7. Birth date of deceased Nov. 22 1855 (Month) (Day) (Year)

8. AGE: Years 90 Months 6 Days 0 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business —

FATHER
12. Name Hugh Berkley
13. Birthplace (unk) (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Sarah Glasscock
15. Birthplace (unk) (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. Lucille Adams

(b) Address Richmond Heights, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Farmington Mo.

18. (a) Signature of funeral director Donnell B. Dietrich

(b) Address Desoto Mo.

19. (a) 5-23-46 (Date received local registrar) (b) E. G. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1946 hour 11:00 minute A M.

21. I hereby certify that I attended the deceased from Feb 3 1946, to May 22, 1946 that I last saw her alive on May 21, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Myocarditis	
Due to Senility 93	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. H. Denny (M. D. or other) MD

Address Creve Coeur, Mo. Date signed 5-22-

(Licensed Embalmer's Statement on Reverse Side)

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. Lynwell B. Dietrich

Licensed Embalmer No. 404

P. O. Address. Jefferson 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.