

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1947
68700

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6799
Registrar's No. 2265

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 5 Days (Specify whether)
In this community 45 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 080
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3714 W. Pine Blvd. 197
Memorial (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DAVID PEEBLES
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased. Dont Know 1872 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 75 Dont Know hr. min.

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

10. Usual occupation Retired Bartender

11. Industry or business

MOTHER FATHER {
12. Name Dont Know Peebles
13. Birthplace Scotland (City, town, or county) (State or foreign country)
14. Maiden name Dont Know
15. Birthplace Scotland (City, town, or county) (State or foreign country)

16. (a) Informant John F. Clancey
(b) Address 4540 Red Bud Ave.

17. (a) Burial (b) Date thereof 3-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation. Calvary Town Natl. Cemetery - Jeff. Barracks

18. (a) Signature of general director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) MAR 5 1947 (Date received local registrar) J. F. Bredegar (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 4th year 1947 hour 1:25 minute P M.
21. I hereby certify that I attended the deceased from 2/28/47 to 3/4/47, 1947; that I last saw him alive on 3/4/47, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate, metastasizing
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 51
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)
(e) Means of injury
23. Signature J. F. Bredegar Lafayette 3/4/47 (Date of other)
Address Date signed

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

Emb separate. cert to be filed

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.....
Licensed Embalmer No.....
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.