S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6867
Registrar's No. 1199

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")
(d) Street No. 333 Way Ave. 3
(If rural, give location)
N.R.
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Earll W. Peabody
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 Married
6. (b) Name of husband or wife Jane
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased February (Month) 9, (Day) 1873 (Year)

8. AGE: Years 74 Months 10 Days 24 If less than one day hr. min.

9. Birthplace Chicago, (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Auditor
11. Industry or business M.K & T. Railroad
FATHER
12. Name James Peabody
13. Birthplace Chicago (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Ella Williams
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Jane Peabody
(b) Address 333 Way Ave., Kirkwood
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne Dr. Kirkwood
19. (a) FEB 5 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3
year 1948 hour 12 minute 35 a.M.
21. I hereby certify that I attended the deceased from Jan 26, 1948, to Feb 3, 1948;
that I last saw him alive on Feb 2, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	1/2 hr.
Due to Hypertensive vascular disease	uncertain
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 Wm. C. Macdonald (M. D. or other)
Address 539 N. Grand Date signed 2-3-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

1199

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 Peter B. Dubroullet

Licensed Embalmer No. 3691

P. O. Address Richmond Heights, 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.