

DEC 3 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

42939

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City St Louis Mo

(No. City Hospital)

File No.....

11512

Registered No.....

St. Ward)

2. FULL NAME

Robert Peck

(a) Residence, No.....

(Usual place of abode)

St.,

KR

Ward.

Iron Mo

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec-1890

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

45

11

?

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Virginia

MOTHER / FATHER

13. NAME

Harvey Peck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Virginia

15. MAIDEN NAME

Elizabeth Plasket

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Virginia

17. INFORMANT (ADDRESS)

Wes Frank Pellen Alexandria Va

18. BURIAL, CREMATION, OR REMOVAL

PLACE Alexandria Va DATE 11-19-36

19. UNDERTAKER (ADDRESS)

Rowland Mortuary Srs 4355 Washington

20. FILED

NOV 19 1936

J. Bredeck

Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

11-18-36

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to , 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 5:00 A.

The principal cause of death and related causes of importance were as follows:

Traumatic Hemorrhage Abdomen, Torn Mesentery, Fractured Legs & arm.

Date of onset

Other contributory causes of importance:

Name of operation.....

Date of.....

What test confirmed diagnosis?

Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/14/36

Where did injury occur? Troy, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Place

Manner of injury struck by automobile

Nature of injury fractures & hemorrhages

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Bredeck

(Address) St Louis Mo

11/19/36

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

