

DEC 13 1937

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

791 /
1003 /

39318

Do not use this space.

1. PLACE OF DEATH

- (a) County Registration District No.
(b) Township Primary Registration District No. Registered No. **10305**
(c) City ST LOUIS MO (d) Street No. CITY HOSPITAL #1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME THOMAS E PEART

- (a) Residence, No. 811 MARKET St. 25
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 29 1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
26 47 4 4

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

9. Industry or business in which work was done, as 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) UNKNOWN KENTUCKY

13. NAME COLOMBUS PEART

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

15. MAIDEN NAME NANNIE PUCKETT

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

17. INFORMANT (ADDRESS) MRS LILLIAN PEART 4114 TURNER

18. BURIAL, CREMATION, OR REMOVAL PLACE NATIONAL CEM DATE 11-6 1937

19. FUNERAL DIRECTOR (ADDRESS) MULLEN BROS. 4259 LINDELL BLDG

20. FILED NOV 5 1937 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3 1937

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... Death is said to have occurred on the date stated above, at 2:05 P.M.

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

Fatty Degeneration of Myocardium

Chronic Interstitial Nephritis

Cholecystitis (No Stones)

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? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) Joseph M. Quinn M.D.
(Address) Deputy Coroner

OCCUPATION

FATHER

MOTHER

808
222

STATEMENT BY LICENSED EMBALMER

I, Wm. Rogers, Licensed Embalmer No. 3905-

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Wm. Rogers

Licensed Embalmer No. 3905-

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.)