

Registration District No. 1008

Primary Registration District No. _____

Registrar's No. 5144

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: City Hospital
(If not in hospital or institution, write street number or location) 1 da.
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Josephine Garcia
3. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Domingo 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased Don't know
(Month) (Day) (Year)

8. AGE: Years abt: 61 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace St Louis mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____
MOTHER FATHER { 12. Name Andrew C Peckham
13. Birthplace Connecticut
(City, town, or county) (State or foreign country)
14. Maiden name Flora Wood
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature A Wickham
(b) Address 340 N Vandeventer av

17. (a) Burial (b) Date thereof June 8 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Peters Cemetery

18. (a) Signature of funeral director Reidman funeral Home
(b) Address 1936 St Louis

19. (a) 8 1939 (b) J. B. Bredeck
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 837 Brooklyn St 26
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 7
year 1939 hour 12 minute 20 A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Emphysema
Emphysema
Due to _____
Due to 1931
Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy See above yes
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? _____

While at work (Specify type of place) _____
(a) Means of injury _____
23. Signature Alfred Perry (M. D. or other) _____
Address St Louis Date signed 6/8/39

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

Rev. 5-17-39

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.

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..... *Julius J. Krupin*

Licensed Embalmer No. *3497*

P. O. Address *1936 St. Louis*

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, above space should be left blank.