DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41883
11006

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town _____ (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christian Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4627 Carter Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Curtiss E. ~~Smith~~ Peet
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 Clara Peet
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased July (Month) 8 (Day) 1856 (Year)

8. AGE: Years 83 Months 5 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) Ill (State or foreign country)
10. Usual occupation Park Foreman
11. Industry or business _____
FATHER
12. Name Ethel Peet
13. Birthplace _____ (City, town, or county) Conn. (State or foreign country)
MOTHER
14. Maiden name Harriett Holmes
15. Birthplace _____ (City, town, or county) Ill. (State or foreign country)
16. (a) Informant's own signature Clara Peet
(b) Address 4627 Carter
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-39 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cem.
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) DEC 26 1939 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25th year 1939 hour 5 minute 05 P. M.
21. I hereby certify that I attended the deceased from Dec. 18, 1939, to Dec. 25, 1939; that I last saw him alive on Dec 25, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration 5 days

Due to _____

Due to _____

Other conditions Arterio Sclerosis (Include pregnancy within 3 months of death)
Spatem Type VII

Major findings:
Of operations Sulphapyridine & Serum 100,000 5/7 given.
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)
While at work? _____ (e) Means of injury _____

23. Signature J. Atkinson Smith (M. D. or other)
Address 4480 Bircher Bl. Date signed 12/26/39

(Licensed Embalmer's Statement on Reverse Side)

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 Warren G. Carver

Licensed Embalmer No. 3534

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.