

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

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: **De Paul Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days)

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. **4629 Elmbank Ave.,**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **EMMA PEEL** **400**

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 **Married**

6. (b) Name of husband or wife **George W. Peel** 6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **September, 8, 1870**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	7	29	hr. min.

9. Birthplace **Quincy, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business _____

12. Name **Leon Kriner** **7**

13. Birthplace **France** **7**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Hartung**

15. Birthplace **Alsace Lorraine**
(City, town, or county) (State or foreign country)

16. (a) Informant **George W. Peel**

(b) Address **4629 Elmbank Ave.,**

17. (a) **Burial** (b) Date thereof **May 8, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles Cemetery**

18. (a) Signature of funeral director **M. M. Schumacher**

(b) Address **4834 Natural Bridge**

19. (a) **MAY 7 1940** (b) **J. B. Bredbeck**
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **6th**
year **1940** hour **11** minute **15 A.** M.

21. I hereby certify that I attended the deceased from **Dec 9**
19**39** to **May 6**, 19**40**

that I last saw him alive on **May 1**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **General Pericarditis**
Large - large bowel etc
Due to **Primary site probably carcinoma in situ**

Due to **Carcinoma**

Other conditions **if 6**
(Include pregnancy within 3 months of death)

Major findings: **Cancer of Pericardium -**
but Cancer in the Liver
Of operations _____
Of autopsy **no**

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) (e) Means of injury _____

23. Signature **John M. H. Deane** (M. D. or other)
Address **816 Michigan Ave. St. Louis** Date signed **5/6/40**

Duration
6 mo
3 mo
PHYSICIAN
Underlines the cause to which death should be charged statistically.

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 _____

John Ketter

Licensed Embalmer No. 3880

P. O. Address _____

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.