

**FILED SEP 17 1941 791**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

00  
17  
9

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

1. PLACE OF DEATH  
**FILED SEP 17 1941**  
 (a) County St. Louis, Missouri  
 (b) City or town St. Louis, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Louis City Hospital #1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 Days  
 (Specify whether years, months or days) 16 years 0

3. (a) PRINT FULL NAME Sam Peppe  
 3. (b) If veteran. Unknown name war  
 3. (c) Social Security No. Unknown

4. Sex Male 0  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Single  
 6. (b) Name of husband or wife. Single  
 6. (c) Age of husband or wife if alive. Single years  
 7. Birth date of deceased. Unknown FEB. 1 - 1872  
 (Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 0  
 If less than one day hr. min.

9. Birthplace Italy 5  
 (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Nil

MOTHER FATHER  
 { 12. Name Unknown  
 { 13. Birthplace \_\_\_\_\_  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Unknown  
 { 15. Birthplace \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison

(b) Address 1515 Lafayette

17. (a) BURIAL (b) Date thereof 8-9-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Gullen Kelly

(b) Address 1416 N. Taylor Ave

19. (a) AUG - 8 1941 (b) J. L. Credick  
 (Received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 17  
 (c) City or town St. Louis 259  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 212 S. Sixth St.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1,  
 year 1941 hour 4:45 minute A. M.

21. I hereby certify that I attended the deceased from July 27,  
 19 41 to August 1, 19 41;

that I last saw him alive on August 1, 19 41;  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary occlusion  
Arteriosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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?  
 \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature M. M. Karl (M. D. or other) 10  
 Address 1515 Lafayette Avenue Date signed 8/2/41

**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.....

.....  
working under my personal supervision.

..... Registered Apprentice No. ....

Signed.....

Licensed Embalmer No. ....

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, fact should be so stated above.**