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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

Registration District No. 91

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36824

Registrar's No. 9054

**1. PLACE OF DEATH:**

(a) County

(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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether years, months or days)

In this community Life ??

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 184
(If outside city or town limits, write "RURAL")

(d) Street No. 3526 Vista Ave. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Max Peak

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male D

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased May 3, 1884 (Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 10 If less than one day hr. min.

9. Birthplace (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Nil.

11. Industry or business Nil.

FATHER
12. Name Sam Peak
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Alice (Unknown)
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Ann Morrison
(b) Address St. Louis City Hospital #1.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-15-41 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen + Kelly
(b) Address 1416 N. Taylor ave

19. (a) NOV 15 1941 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 13. year 1941 hour 4:20 minute P. M.

21. I hereby certify that I attended the deceased from November 7. 1941 to November 13. 1941 that I last saw him alive on November 13. 1941 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Arteriosclerosis | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations

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 M. M. Karl (M. D. or other)
Address 1515 Lafayette Ave. Date signed 11/14/41

(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

No Embalm, Registered Apprentice No.

working under my personal supervision.

Signed Clement McNeauf

Licensed Embalmer No. 3732

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.**