S. No. 2
M—9-4-41
v. 5-17-39
I X29484

15990

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 9065

Registrar's No. 2557

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21
(c) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Barnard Skin & Cancer Hospital
3427 Washington Bl.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Pealer

3. (b) If veteran, name war nknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 12 (Day) 1868 (Year)

8. AGE: Years 76 Months 8 Days 8 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name E. A. Pealer
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lin Vincent
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Barnard Skin& Cancer Hosp.
(b) Address St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/42 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park, Cem.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington

19. (a) MAR 21 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th, year 1942 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from March 10, 1942, to March 19, 1942 that I last saw him alive on March 19, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia — Duration

Due to

Due to

Other conditions Pulmonary Tuberculosis? (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 John E. Mikesicek (M. D. or other) M.D.
Address 1515 Lafayette Date signed 3/20/42

(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 Wilford G. Burnley

Licensed Embalmer No. 4202

P. O. Address St Louis Mo.

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.