

FILED APR 13 1942 791

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 2839

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Maryland Hotel
(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 25 100
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. Maryland Hotel-205 N. Ninth
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Emma E. Peck
3. (b) If veteran, name war..... 3. (c) Social Security No. Nil

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Benjamin Peck 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased October 1, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 5 27 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER
12. Name Richard Tancill
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Sarah ?
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Benjamin Peck

(b) Address Maryland Hotel

17. (a) Removal (b) Date thereof 3/30/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houston Texas

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) MAP 30 1942 (b) J. F. Breddeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 28
year 1942 hour 6 30 minute 15 M.

21. I hereby certify that I attended the deceased from 1 30 P.M.
Mar. 28, 1942 to 6 30 A.M. 28, 1942
that I last saw her alive on Mar. 28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Chr. Myocarditis 3 yrs.
Duration

Due to senility 1860
Due to 1860

Other conditions (Include pregnancy within 3 months of death)

Major findings: Chr. Interstitial Nephritis
Of operations: Fracture of leg
Of autopsy: none

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) Fracture of leg

(b) Date of occurrence at St. Louis, Aug 1937

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home - Fall at Home (Specify type of place)

While at work? None (c) Means of injury fall

23. Signature Thos. W. Gurd (M. D. or)

Address 3547 Wyoming Date signed 3/30/42

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

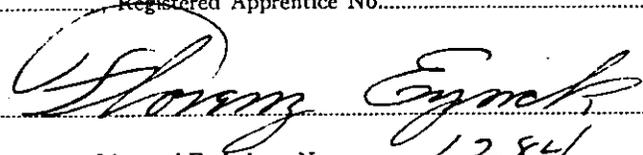
no
17
9

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. 1284

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.