

FILED DEC 3 1943
Registration District No. 318

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 Days
In this community 45 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1413 Olive St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Peek

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex M. 5. Color or Race W. 6. (a) Single, widowed, married, divorced S. 0

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

7. Birth date of deceased Unk. Unk. 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 Unk. Unk. hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business

12. Name Theodore Peek
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name McKay Archer
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Maurice E. Heimann

(b) Address 7248 Clayton Rd.

17. (a) Burial (b) Date thereof 11-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deliver

18. (a) Signature of funeral director Arthur J. Donnell

(b) Address 3620 Langley Blvd.

19. (a) NOV 18 1943 (b) Registrar's signature [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17,
year 1943 hour 3:15 minute P. M.

21. I hereby certify that I attended the deceased from October 28, 1943 to November 17, 1943;
that I last saw him alive on November 17, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
fr. advanced

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 1/2

Major findings: Of operations _____
Of autopsy none

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 William J. Sawyer (M. D. or other) 11/17/43
Address 1515 Lafayette Avenue Date signed _____

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 W VanMatre.....

Licensed Embalmer No. 2825.....

P. O. Address 4340 Lafayette.....

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.