S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13197

FILED MAY 2 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County: St Louis, Mo.
(b) City or town: Home Phillips
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute to Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 15yrs.
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St Louis
(c) City or town: (If outside city or town limits, write "RURAL")
(d) Street No. 1243 a N Garrison Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME: Joesph Peebles
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: Male
5. Color or race: Col,
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: Oct, 26th, 1923 (Month) (Day) (Year)
8. AGE: Years 20 Months 5 Days 22 If less than one day hr. min.
9. Birthplace: St Louis Mo. (City, town, or county) (State or foreign country) O
10. Usual occupation: Unknown
11. Industry or business
FATHER
12. Name: Zackariah Peebles
13. Birthplace: Green County (City, town, or county) Ala. (State or foreign country)
MOTHER
14. Maiden name: Lousan Calvin
15. Birthplace: Green County Ala. (City, town, or county) (State or foreign country)
16. (a) Informant: Zackariah Peebles
(b) Address: 2732 a Stoddard St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park
18. (a) Signature of funeral director: Ellis Funeral Home
(b) Address: 2820 Stoddard St
19. (a) APR 20 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 17 year 1944. hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.
Immediate cause of death: Gunshot homicide
Due to: Hemorrhage of Left ventricle with a Bullet in heart & one Forearm
Due to: Robbery Cab Driver of 901 No. Cardond St at 9:30 Pm
Due: April 17 1944
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): Homicide
(b) Date of occurrence: St Louis
(c) Where did injury occur? April 17 1944 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? No (e) Means of injury: Steel bullet
23. Signature: Dr Alfred J Perry (M. D. or other)
Address: Deputy Coroner Date signed: 4-18-44

(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 Myself

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

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 6946

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.