

FILED SEP 18 1944 318  
Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Bethesda Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 months  
(Specify whether  
In this community 0  
years, months or days)

3. (a) PRINT FULL NAME FLORENCE M. PECK

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

4. Sex female 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

7. Birth date of deceased July 25 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
 66 1 8 hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name John T. Peck

13. Birthplace Staunton Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Susan J. Sanford

15. Birthplace Louisville Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. E. Berger

(b) Address 4166 Lindell Blv'd., St. Louis

17. (a) burial (b) Date thereof 9-5-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blv'd., St. Louis

19. (a) SEP 5 1944 (b) J. H. Medeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4166 Lindell Blv'd., -191  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2nd  
year 1944 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 4 1944 to Sept 2 1944  
that I last saw him alive on Sept 2 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Saban Pneumonia Myocarditis  
Duration

Due to  
Due to

Other conditions Fracture left hip  
(Include pregnancy within 3 months of death)  
pleurisy, pleurisy, pleurisy

Major findings: Fracture left hip  
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence May 4 1944  
(c) Where did injury occur? Home  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? No (Specify type of place) (e) Means of injury Fall

23. Signature J. H. Medeck (M. D. or other) MD  
Address St. Louis Date signed 9-5-44

Dr. J. W. Henderlite  
4500 Olive Street  
FO-3800

1 to 5 P.M.

7670

**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 Bradford A. Miles

Licensee Embalmer No. 2901

P. O. Address University City

**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.**