

FILED MAR 23 1945 18

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 2296

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: Cabanne Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution June 15, 1945
(Specify whether _____)
In this community 2 years
years, months or days

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. 5789 Mc Pherson Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RUTH E. PEACOCK

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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 8 19 1885
(Month) (Day) (Year)

8. AGE: Years 89 Months 6 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Grant County Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
12. Name Joseph Peacock
13. Birthplace Gilford County N. Carolina
(City, town, or county) (State or foreign country)
Caroline Jones
14. Maiden name _____
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant William Peacock
(b) Address 5789 Mc Pherson Avenue

17. (a) Removal (b) Date thereof 3-10-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kokoma, Indiana

18. (a) Signature of funeral director Alexander Jones
(b) Address 6175 Delmar Boulevard

19. (a) MAR 12 1945 J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1945 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 1 _____, 1944, to March 9 _____, 1945
that I last saw h. c. alive on March 5 _____, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 3 yrs

Due to _____
Due to Chronic nephritis 2 yrs

Other conditions (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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. F. Norman (M. D. or other) _____
Address 4903 Delmar Ave. Date signed 3/21/45

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

D. J. S. Homan
4903 Delmar
7 to 9 P. M.

9622

9622

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

Thomas R. Fenwick

Licensed Embalmer No.

3793

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.