No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6870

FILED MAR 15 1948

Registration District No. 318 — Primary Registration District No. 1002 — Registrar's No. 2276

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: Deaconess Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 Days (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Wab
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 5533 Columbia Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: HERMAN F. PEICK
3. (b) If veteran, name war: None
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Anna
6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: Jan. (Month) 4 (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
54	1	29	hr. min.

9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Machinist
11. Industry or business: George Flori Machine Co.
FATHER 12. Name: Herman Peick
13. Birthplace: Germany (City, town, or country) (State or foreign country)
MOTHER 14. Maiden name: Elizabeth Helmsing
15. Birthplace: Germany (City, town, or country) (State or foreign country)
16. (a) Informant: Anna Peick
(b) Address: 5533 Columbia Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Resurrection Cemetery
18. (a) Signature of funeral director: Kriegshauser Und. Co.
(b) Address: 4228 So. Kingshighway Bl.
19. (a) MAR 9 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3 year 1948 hour 2:35 minute P. M.
21. I hereby certify that I attended the deceased from Dec. 9, 1947 to March 3, 1948 that I last saw him alive on March 3, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Thrombosis of Superior Mesentery Artery	3 days
Due to: Aortitis of Thoracic Aorta. (Non specific)	?
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: See above

PHYSICIAN — Underline the cause of 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? (Specify type of place) While at work? (e) Means of injury: 0
23. Signature: A. R. Schuffler (M. D. or other)
Address: 634 N. Grand St. Louis, Mo. Date signed: 3-4-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

2275

No. Theatre Bldg. 1020 X-330

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 Edwin D McDermott

Licensed Embalmer No. 3024

P. O. Address .....

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.