

FILED JUL 15 1948

State File No. _____

Registration District No. **318**

Primary Registration District No. _____

Registrar's No. **6095**

1. PLACE OF DEATH:

(a) County ST. LOUIS MO.
 (b) City or town ST. LOUIS MO.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
ST. LOUIS CHILDREN'S HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether
 In this community LIFE
 years, months or days)

3. (a) PRINT FULL NAME PECK, MARLENE EMMA

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 0

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

7. Birth date of deceased 2-27-34
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
14 4 10 hr. min.9. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Frank Peck 013. Birthplace MO
(City, town, or county) (State or foreign country)14. Maiden name Adelle Scandies 015. Birthplace MO
(City, town, or county) (State or foreign country)16. (a) Informant FRANK E. PECK(b) Address 7818 SO BROADWAY17. (a) BURIAL (b) Date thereof 7/10/48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Old SS. PETER & PAUL18. (a) Signature of funeral director OSCAR J. HOFFMEISTER(b) Address JUL 4 1948 J. T. Broadbent
(Date received local registrar) (Registrar's signature)19. (a) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000
 (c) City or town ST. LOUIS
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7818 SO BROADWAY
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1948 hour 2 minute P.M.21. I hereby certify that I attended the deceased from 1943
July 7 1948
that I last saw her alive on July 7 1948
and that death occurred on the date and hour stated aboveImmediate cause of death Rheumatic Heart Disease Active 13
Duration

Due to _____

Due to _____

Other conditions 95
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____
Of autopsy Acute & chronic rheumatic changes in heart
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 A. Rankin (M. D. or other) _____Address Children's Hosp Date signed 7-7-48

JUL 9 1948

Embalmer separate card to be filed

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.....

Licensed Embalmer No.....

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.