

No. 44-1047
5-17-39
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#14901

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24606**
6263
Registrar's No. _____

FILED JUL 22 1948
Registration District No. **818**

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, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital—Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 0 (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME BABY PEELER
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 - N11
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 17 1948
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Samuel H Peeler
13. Birthplace St. Louis
(City, town, or county) (State or foreign country)
14. Maiden name Joan Donnell
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Samuel H Peeler
(b) Address 1503 a Menard Street

17. (a) Burial (b) Date thereof 7/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Maydell Unit. Co

(b) Address 1926 Allen Ave

19. (a) JUL 14 1948 (b) J. F. Brudeck
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1503a Menard Street
Memorial (If rural, give location)
(e) Citizen of USA country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th year 1948 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from 6/17/48 to July 13th 1948
that I last saw her alive on July 13th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Diarrhea Duration _____

Due to Etiology Unknown

Due to _____

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

Major findings:
Of operations 119
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? _____

(Specify type of place) _____
While at work? R. M. Scott, M.D. (e) Means of injury _____

23. Signature 1515 Lafayette 7/14/48 (D. or other) _____
Address _____ Date signed _____

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Bery J Duncan

Licensed Embalmer No. 2272

P. O. Address 1976 Allen

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.