FILED MAY 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16907

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4077

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Peoples Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 22 19
d. STREET ADDRESS (If rural, give location): 1103 No. Compton

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Collins c. (Last) Pegues

4. DATE OF DEATH (Month) (Day) (Year): 5-3-55

5. SEX: Male

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Aug. 4, 1898

9. AGE (In years last birthday): 56 — If under 1 year: Months 9, Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pickle-Dep. Packing

10b. KIND OF BUSINESS OR INDUSTRY: Packing House

11. BIRTHPLACE (City and State or Foreign Country): Oxford, Mississippi

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Andrew Pegues

13b. MOTHER'S MAIDEN NAME: Tennessee Turner

14. NAME OF HUSBAND OR WIFE: Helen Pegues-Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 327-03-1474

17. INFORMANT'S SIGNATURE OR NAME: Hayes Pegues — ADDRESS: 1103 No. Compton

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: About

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) unknown

DUE TO (c) unknown — 3 or 4 months

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: no operation

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

332x.

22. *I hereby certify that I attended the deceased from* April 25, 1955, *to* May 3, 1955, *that I last saw the deceased alive on* May 3, 1955, *and that death occurred at* 11:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. B. Key M.D.

23b. ADDRESS: 4 South Compton

23c. DATE SIGNED: 5-6-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-9-55

24c. NAME OF CEMETERY OR CREMATORY: Washington Park

24d. LOCATION (City, town, or county) (State): St. Louis (County) Mo.

DATE REC'D BY LOCAL REG.: MAY 9 1955

REGISTRAR'S SIGNATURE: Earl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE: Geo. H. Bruce — **ADDRESS**: 4469 Washington

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLANTI—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

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.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Frederick P. Stark

Licensed Embalmer No. 4599

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.