FILED APR 15 1940

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

8951

1. PLACE OF DEATH
County St. Louis / Registration District No. 791 / File No. 2434
Township ... / Primary Registration District No. ... / Registered No. ...
City St. Louis, Mo. (No.) St. Johns Hospital 803 St. ... Ward)

2. FULL NAME Laura B. Peebles.

(a) Residence, No. (Usual place of abode) Crystal City, Mo. St., N.R. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ✓ yrs. ✓ mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Widowed |

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Wm. M. Peebles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 20, 1867

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 73 | 1 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year) July 1939 — 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER

13. NAME James Walton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown England

MOTHER

15. MAIDEN NAME Elizabeth Hampton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown England

17. INFORMANT (ADDRESS) Harvey Peebles Crystal City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Festus Mo. DATE March 7 19 40

19. UNDERTAKER (ADDRESS) Gentry & Collette Crystal City Mo.

20. FILED MAR 13 1940 J. F. Bubsch Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan ..., 1940 to Mar 3 ..., 1940

I last saw h... alive on Mar 3 ..., 19 40 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1st Pulmonary Embolism | 7 |
| Contributory renal disease | |
| Other contributory causes of importance: | |
| Myocardial failure | 7 |

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Chas. W. Miller M. D.

(Address) 4050 Kensington Blvd St. Louis

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

2434

2434