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

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.

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

Do not use this space.

10030

1. PLACE OF DEATH
County
Township
City S Louis
Registration District No. 791
Primary Registration District No. 1003
File No. 2606
Registered No.
(No. 4118 a Labadie Av St. Ward)

2. FULL NAME Edward L. Peters
(a) Residence. No. 4118a Labadie Av St., 10 Ward.
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mildred Peters
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9/5, 1894
7. AGE Years 32 Months 6 Days 9 If LESS than 1 day, ___ hrs. or ___ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Book-keeper
(b) General nature of industry, business, or establishment in which employed (or employer) Newhouse Bon Art Co
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S Louis Mo.

PARENTS
10. NAME OF FATHER George Peters
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) S Louis Mo
12. MAIDEN NAME OF MOTHER Elizabeth Schloxman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) S Louis Mo.

14. INFORMANT Geo. Peters
(Address) 4118a Labadie Av
15. FILED [illegible] 19[illegible] Max C Starkcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-14 1927
17. I HEREBY CERTIFY, That I attended deceased from 3-13, 1927, to 3-14, 1927 that I last saw him alive on 3-14, 1927 and that death occurred, on the date stated above, at 7:30 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
Both Lungs
31 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Long affection Tuberculosis (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 4118 a Labadie
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) Dr. M. H. Hoffmann M. D.
, 19 (Address) 3500 N Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery
DATE OF BURIAL 3/17 1927
20. UNDERTAKER Meek and Dickman
ADDRESS 3039 Easton