

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

Do not use this space.

10234

1. PLACE OF DEATH

County..... Registration District No. 791 File No.
 Township..... Primary Registration District No. 1003 Registered No. 2822
 City St. Louis Mo (No. Missouri Baptist Hosp Ward)

2. FULL NAME

FRANK A. PETERSON
 (a) Residence. No. 2915 Allen Ave St. 90 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 8 1855</u>		
7. AGE	YEARS	MONTHS
	<u>71</u>	<u>3</u>
		13
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Post Cashier</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer <u>Natl Bank Commerce</u>		
9. BIRTHPLACE (CITY OR TOWN) <u>Galena, Ill.</u>		
(STATE OR COUNTRY)		

PARENTS	10. NAME OF FATHER <u>Unknown Peterson</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unknown</u>
	(STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown</u>	
(STATE OR COUNTRY)	

14. INFORMANT C. Fred Kallenmeier
 (Address) Natl Bk Commerce

15. FILED 22 1927 Marie Starkeroff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 21, 1927
 17. I HEREBY CERTIFY That I attended deceased from March 15, 1927 to March 21, 1927, and that I last saw him alive on March 21, 1927, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
137
1927 Haemia due to Hypertrophied Prostate
1927
 CONTRIBUTORY Hypertrophied Prostate (SECONDARY)
operation to relieve the Prostatic Glander due to Hypertrophied Prostate

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? yes Operation DATE OF 7/6
 WAS THERE AN AUTOPSY.....
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) Kalter G. Hewitt, M. D.
March 24 1927 (Address) 825-31 Detroit St. Ill.

*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 Walhalla DATE OF BURIAL March 23 1927
 20. UNDERTAKER M. A. [Signature] ADDRESS 105 S Grand Blvd

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.

