

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

Do not use this space.

12885

1927

1. PLACE OF DEATH  
 County ST. LOUIS Registration District No. 1123  
 Township CARROLLIST Primary Registration District No. 6248 F File No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. 9620 Eugenia) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. 153

2. FULL NAME Peter De Waele  
 (a) Residence. No. 9620 Eugenia St. \_\_\_\_\_ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia De Waele  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 2 - 1882  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
44 9 18  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Notaryman  
 (b) General nature of industry, business, or establishment in which employed (or employer) Street Car  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Missouri  
 10. NAME OF FATHER John De Waele  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Holland  
 12. MAIDEN NAME OF MOTHER Josephine Louvier  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) France

14. INFORMANT Julia De Waele  
 (Address) 9620 Eugenia St  
 15. FILED 4/14 19 27 L.C. O'bryen REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr - 20 1927  
 17. I HEREBY CERTIFY, That I attended Deceased from May 16 to April 20, 1927  
 that I last saw him alive on April 10, 1927, and that death occurred, on the date stated above, at 7 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Kubermann Tuberculosis

23A 31  
 (duration) yrs. 11 mos. 4 da.  
 CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? NO  
 WHAT TEST CONFIRMED DIAGNOSIS? Bacteriological  
 (Signed) F.F. Brown, M. D.  
 , 19 (Address) 7119 So Bldway

\*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 Lakewood Park DATE OF BURIAL 4-22 1927  
 20. UNDERTAKER Southern V. Co. ADDRESS 7315 S. Bldy

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.

