OCT 28 1927

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

Do not use this space.

28231

1. PLACE OF DEATH
County St. Louis
Township Central
City Maplewood (No. 7370 Manchester Ave. St. Ward)

Registration District No. 786
Primary Registration District No. 4469

File No.
Registered No. 46

2. FULL NAME Dorothy I Peters.
(a) Residence. No. 1915 E. Prairie ve. 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Elmer F. L. Peters.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2/17/1894

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
33	6	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Illinois.

PARENTS
10. NAME OF FATHER Henry Pfanebecker.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Illinois.
12. MAIDEN NAME OF MOTHER Katherine Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Illinois.

14. INFORMANT Elmer F. L. Peters
(Address) 1915 E. Prairie Ave

15. FILED 9/2, 1927 Mercedes Schuster REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/1/27. 19

17. I HEREBY CERTIFY, That I attended deceased from 9-1-, 1927, to 9-1, 1927 that I last saw her alive on 9-1-27, 19, and that death occurred, on the date stated above, at 7 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
(1) Myocarditis
(2) Angina Pectoris

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Toxic Goitre

(duration) 4 yrs. mos. ds.

60A

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) E O Breckenridge, M. D
9/2, 1927 (Address) 7370 Manchester

*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 New Bethlehem
DATE OF BURIAL 9/4/27 19

20. UNDERTAKER Provost Lund Co
ADDRESS 3710 R Grand

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.