

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

Do not use this space.

38248

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City..... St. Louis

(No. 4019, Delmar)

File No. ....

Registered No. 10898

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. .... St., 19 Ward.

(Usual place of abode)

Elizabeth M. Peligian  
(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 (write the word)**

single

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

unknown

**7. AGE**

47

**YEARS**

**MONTHS**

**DAYS**

If LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Saleswoman

(b) General nature of industry, business, or establishment in which employed (or employer)

Winterson J.E. Morrison Co

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

unknown

**10. NAME OF FATHER**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**14.**

INFORMANT (Address) -

Joe W. Tierce  
Coroner Office

**15.**

FILED 65 1927

Marcel Stankoff

REGISTERED

**2- MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Dec. 2 19 27

**17. I HEREBY CERTIFY, That I attended deceased from** ..... 19....., to ..... 19....., (that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... 2450 P. m.

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

Chronic Myocarditis

**CONTRIBUTORY (SECONDARY)**

W. M. A.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY? 32

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) R. J. Vitt

125, 19 27 (Address) Coroner

\*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**

**DATE OF BURIAL**

Toronto Ontario Can

12/8 19 27

**20. UNDERTAKER**

**ADDRESS**

Southern U. of C

7315 S. B. Drive

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.

RECORD PERMANENT THIS IS A CONTINUING RECORD

