

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

Do not use this space.

22554

1. PLACE OF DEATH

County.....

Registration District No. 70T

Township.....

Primary Registration District No. 3003

City St. Louis

(No. 2636)

Chouteau an

File No.

Registered No. 6712

St. Ward.....

2. FULL NAME

Peter Piculjan

(a) Residence. No. 2636 Chouteau St., 22 Ward.

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U.S., if of foreign birth? 48 yrs. mos. da.

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

Margarete Piculjan

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

about 1874

7. AGE

abt. 54

YEARS

MONTHS

DAYS

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

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

Store Keeper

Confectionery

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Austria

10. NAME OF FATHER

Peter Piculjan

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Austria

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT (Address)

Margarete Piculjan
2636 Chouteau

15.

FILED

28 1923

May C. Stark

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 26 1928

17.

I HEREBY CERTIFY, That I attended deceased from June 13th, 1928, to June 26, 1928. that I last saw him alive on June 25, 1928, and that death occurred, on the date stated above, at 6:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic nephritis
Mitral & Aortic insufficiency

1290 (duration) 2 yrs. mos. da.

CONTRIBUTORY (SECONDARY) weak heart valves

not known (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, 2636 Chouteau an

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? albumin urine & dropsy

(Signed) O. E. Smith, M. D.

, 19 (Address) 3802 W. Pine Blvd

*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

S. S. Peter & Paul

DATE OF BURIAL

June 29 1928

20. UNDERTAKER

Mr. C. Moy dell

ADDRESS

1926 Allen an

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 WITH CHANGING INITIALS IS A PERMANENT RECORD

