

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

Do not use this space.

32083

1. PLACE OF DEATH

County.....*St. Louis*..... Registration District No. *791*
 Township.....*St. Lukes*..... Primary Registration District No. *1003* File No. *9379*
 City.....*St. Louis* (No. *St. Lukes Hospital*)..... Registered No. *9379*
 (Ward)

2. FULL NAME

(a) Residence. No. *Russellville 12* Ward. *Russellville 12*
 (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 *Wh* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov 16 1878*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
49 10 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Painter*
 (b) General nature of industry, business, or establishment in which employed (or employer) *Contractor*
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo.*

10. NAME OF FATHER *James M. Peterson*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Canada*

12. MAIDEN NAME OF MOTHER *Mrs. J. M. Peterson*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Canada*

14. INFORMANT (Address) *W. C. Starkley*

15. FILED *SEP 20 1925* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) *Sept 19th 1928*

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 11:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & Injuries (fractured skull) Struck by auto in City St. Louis Mo Accident

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH..... DID AN OPERATION PRECEDE DEATH?..... DATE OF..... WAS THERE AN AUTOPSY? *yes*

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) *J. W. Kerner, M.D.* 9/20, 1928 (Address) *Dep. 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 *St. Louis Mo. Sept 21 1928*

20. UNDERTAKER ADDRESS *St. Louis Mo. 3525 Eastern*

DATE PRINTED, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGB 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.

