WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

35239

File No. 20195

Registered No.

1. PLACE OF DEATH

County: St. Louis — Registration District No. 791

Township: — Primary Registration District No. 1003

City: St. Louis (No. City Infirmary St. Ward)

2. FULL NAME: George Peterson

(a) Residence. No. City Infirmary (Usual place of abode) Ward. (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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Linda Peterson

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

7. AGE: Years 66 | Months | Days | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Unk.

(STATE OR COUNTRY):

PARENTS

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN):

(STATE OR COUNTRY):

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN):

(STATE OR COUNTRY):

14. INFORMANT: M. E. Ellinger

(Address): 5800 Ohio

15. FILED: OCT 17, 1928 — Mark Starkloff, REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 16 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1928, to Oct. 16, 1928, that I last saw h. alive on Oct. 16, 1928 and that death occurred, on the date stated above, at 3:35 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia

93C

107A (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY): Chr. Myocarditis (duration) yrs. mos. ds.

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?

(Signed) R. W. Merkle, M. D.

, 19 (Address) City Infirmary

*State the DISEASE CAUSING DEATH, or if 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: E. Molino Sta. — DATE OF BURIAL: 10/17 1928

20. UNDERTAKER: Southern — ADDRESS: 7315 S. Broadway