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

Do not use this space.

35289

1. PLACE OF DEATH

County ——— Registration District No. 791

Township ——— Primary Registration District No. 1003

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

File No. ..... Registered No. 10275

2. FULL NAME Peter Cinder

(a) Residence. No. 330 Plum Shoe St., N Ward. (If nonresident give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 12. 1882

7. AGE: 46 YEARS | MONTHS: — | DAYS: 15 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer 131 93C

(b) General nature of industry, business, or establishment in which employed (or employer): 102

(c) Name of employer: ———

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

PARENTS

10. NAME OF FATHER Andrew Cinder

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Dont Know

12. MAIDEN NAME OF MOTHER Eliza Bonner

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

14. INFORMANT Nellie Hennessy
(Address) 330 Plum Shoe

15. FILED OCT 20 1928 19 Max C Starkloff REGISTRAR

## 3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 17, 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1927, 19..., to ..., 19..., that I last saw him alive on Oct 17, 1928, and that death occurred, on the date stated above, at 2.45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
Chronic Hypertension
Chronic Nephritis
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1290

DID AN OPERATION PRECEDE DEATH? No. DATE OF ———

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical and Laboratory

(Signed) Cyril J. Slattery M. D

Oct. 18, 1928 (Address) 3512 N. 14th St.

*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: Calvary Cemetery | DATE OF BURIAL: Oct 22 1928

20. UNDERTAKER: John P Collins & Bro | ADDRESS: 928 N Grand Blvd

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.