

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

Do not use this space.

8143

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003** File No.....
City **St. Louis** (City, Hospital # **2**) Registered No. **1058**
St. Ward)

2. FULL NAME

Lena Peterson
(a) Residence. No. **123 S. Jefferson** St. **22** Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred **6** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

2 **MEDICAL CERTIFICATE OF DEATH**

3. SEX **Female** 4. COLOR OR RACE **Col.** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **Single**
(write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) **2-4-1929**

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

17. I HEREBY CERTIFY, That I attended deceased from **1-29-1929**, to **2-4-1929**, that I last saw her alive on **1-15-1929**, and that death occurred, on the date stated above, at **1430 S. Jefferson**.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Mar. 26, 1902**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
26 10 8

Lobar Pneumonia
1430 S. Jefferson
108
(duration) yrs. mos. **2** da.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Maid**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

CONTRIBUTORY (SECONDARY) **Spontaneous**
(duration) yrs. mos. **3** da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ark.**

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER **Wm. Peterson**

DID AN OPERATION PRECEDE DEATH. **no** DATE OF **1-10**

WAS THERE AN AUTOPSY? **no**

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

WHAT TEST CONFIRMED DIAGNOSIS **X-ray**

(Signed) **E. G. Cunningham**, M. D.

12. MAIDEN NAME OF MOTHER **Ellis Thomason**

, 19 (Address) **2945 Hawthorn**

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

*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.

14. INFORMANT **Anna F. Woodard**
(Address) **City Hospital # 2**

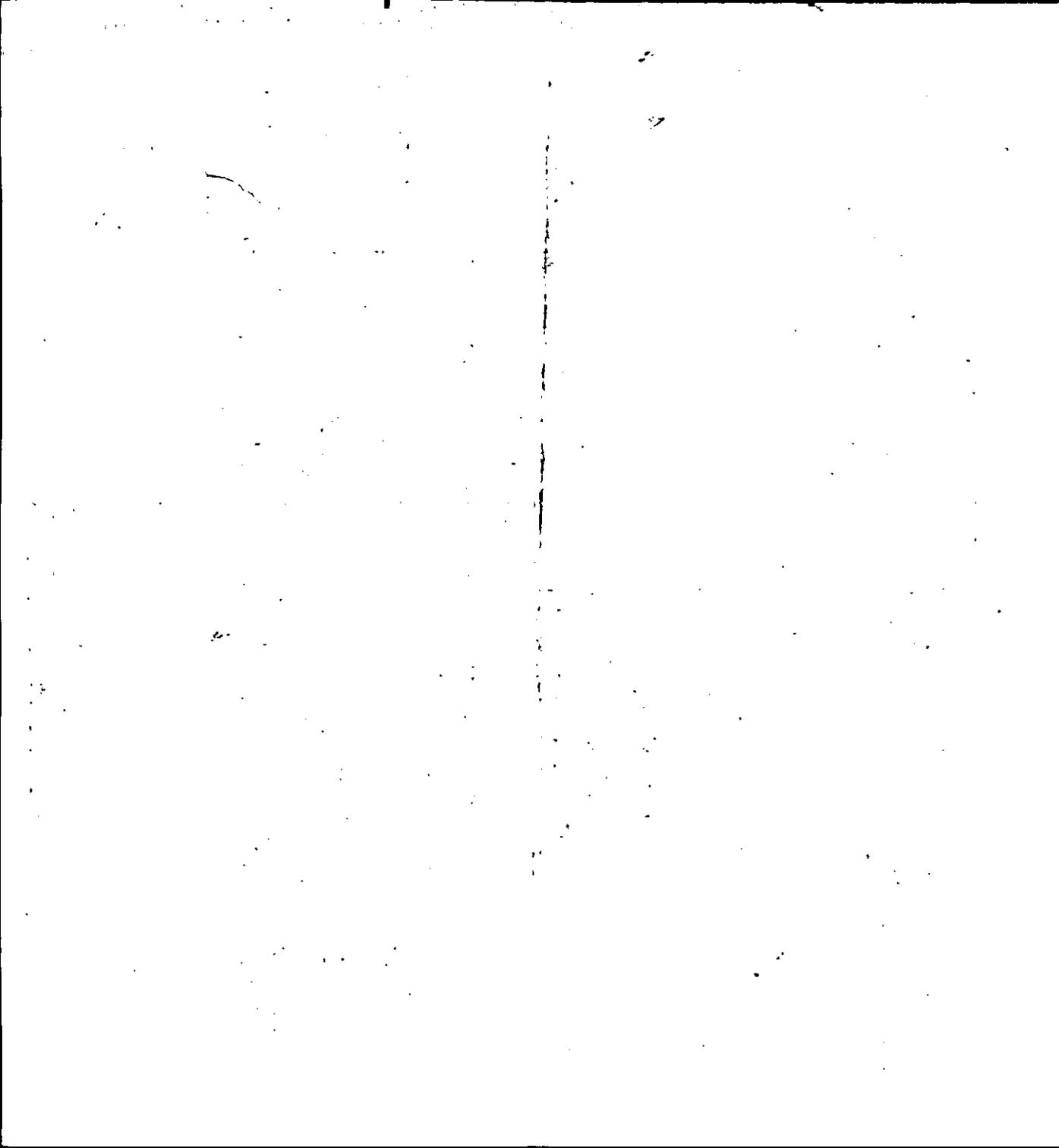
19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Washington Park** DATE OF BURIAL **2-10, 1929**

15. FILED **1929** REGISTRAR

20. UNDERTAKER **Peoples and Franklin** ADDRESS **3100**

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.

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Requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

Name: Lena Peterson 8143-29

Who died at: St. Louis, Mo on Feb, 4, 1929,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) 143a

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Lobar Pneumonia

Contributory: Abortion - Spontaneous

Abortion 3 months duration information given over phone by Dr.

Where was disease contracted? P. E. Cunningham Div. of U.S. 10-20-29

Did operation precede death? _____ Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

5-8143