JUN 28 1929

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

Do not use this space.

19340

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 0248 B — Registered No. 189

City Koch (No. ..... St. ..... Ward)

2. FULL NAME Trejo, Peter,

(a) Residence. No. 909 La Salle St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. 10 mos. 17 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 29, 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	31	10	17	

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

9. BIRTHPLACE (CITY OR TOWN) Mexico
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Ramon Trejo

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

12. MAIDEN NAME OF MOTHER Leocardia (Unknown)

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

14. INFORMANT Koch Hospital Records
(Address)

15. FILED May 18, 1929 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 23rd, 1929, to May 17 1929, that I last saw him alive on May 17 1929, and that death occurred, on the date stated above, at 3:45 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Pulmonary Tuberculosis
34
25A
About One (duration) yrs. 8 Mo. mos. ds.

CONTRIBUTORY (SECONDARY) Luetic Aortitis; Luetic meningitis
Probably 5 years (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Sputum
(Signed) A. L. Gallant, M. D.
5/17/29 (Address) Koch Mo

*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
S. S. Peter & Paul	May 21 1929
20. UNDERTAKER	ADDRESS
Zugenhein Bros	2623 Gibson