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

Do not use this space.

10842

File No. .....

Registered No. 2867

1. PLACE OF DEATH

County .....

Township .....

City St. Louis, Mo. (No. 6200 Carlsbad Avenue St. ..... Ward)

Registration District No. 78E

Primary Registration District No. 11003

2. FULL NAME Peter Queiser

(a) Residence. No. 6200 Carlsbad Avenue St., 2 Ward. .....
(Usual place of abode) (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	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 Katherine Queiser

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 29, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	8	19	

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 .....

29
19

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

PARENTS

10. NAME OF FATHER Nick Queiser

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Katherine Queiser
(Address) 6200 Carlsbad Avenue

15. FILED ..... 21 ..... 1930 Vay C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 18, 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1930, to Mar 18, 1930, that I last saw h..... alive on March 18, 1930, and that death occurred, on the date stated above, at 11:55 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Regurgitation
92A
97
Ca (duration) 1 yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED 90A
IF NOT AT PLACE OF DEATH .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) C. E. F. Smith, M. D.
3/20, 1930 (Address) 2000 S Broadway

*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
Sunset Burial Park	Mar. 21, 1930

20. UNDERTAKER	ADDRESS
Wacker Heldrich	2331 S. Brdwy.

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.

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

[illegible]

[illegible]

[illegible]