

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

Do not use this space.

14125

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1002  
City St. Louis (No. 5478, Robison Ave.)

File No. ....  
Registered No. 3455 ..  
St. .... Ward).

**2. FULL NAME**

Martha Petersen  
(a) Residence. No. 5478 Robison St. 1 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>28</u>			
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug. 28 1910</u>			
7. AGE	YEARS <u>19</u>	MONTHS <u>7</u>	DAYS <u>6</u>
	IF LESS THAN 1 day, ..... hrs. or ..... min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Stenographer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Butler Bros.</u> (c) Name of employer			

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

PARENTS	10. NAME OF FATHER <u>Andrew Petersen</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Norway</u>
	12. MAIDEN NAME OF MOTHER <u>Minnie Olsen</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u> <u>Mo.</u>

14. INFORMANT Andrew Petersen  
(Address) 5478 Robison Ave.

15. Wm. C. Markley  
FILED 27 1930 REGISTERAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4 1930  
17. I HEREBY CERTIFY, That I attended deceased from Oct 27 1920 to April 4 1930 that I last saw h. or alive on April 4 1930, and that death occurred, on the date stated above, at 2:10 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Tuberculosis of lungs  
93 P  
95  
..... (duration) 2 yrs. .... mos. .... ds.  
CONTRIBUTORY (SECONDARY) Tuberculosis of intestines  
..... (duration) .... yrs. 4 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? Yes  
WHAT TEST CONFIRMED DIAGNOSIS Clinical & X-ray of Intestines  
(Signed) J. H. Breen M. D.  
April 5, 1930 (Address) 1075 Fairview Bldg

\*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 New Bethelhem DATE OF BURIAL 4/7 1930

20. UNDERTAKER Theo. H. Beiderwieden ADDRESS 1936  
St. Louis

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 IS A PERMANENT RECORD

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