

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

Do not use this space.

17185

**1. PLACE OF DEATH**

County St. Louis Registration District No. 784  
 Township St. Ferdinand Primary Registration District No. 6030  
 City Florissant Mo. St. Florissant mo Ward

**2. FULL NAME**

Christina Peters  
 (a) Residence. No. Florissant, mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 20, 1861

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min.  
68 6 28

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housework  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

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

10. NAME OF FATHER Charles Bacher

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

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT Joseph Peters  
 (Address) St. Louis, Mo.

15. FILED 6/3/30 A. N. Schudde M.D.  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

15. DATE OF DEATH (MONTH, DAY AND YEAR) May 20, 1930

17. I HEREBY CERTIFY, That I attended deceased from May 13, 1930, to May 20, 1930 that I last saw her alive on May 20, 1930, and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Septic Pneumonia  
109B (duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) 10/18 (duration) yrs. 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? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. J. Millmann, M. D.

5/21, 1930 (Address) Florissant, 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 Calvary Cem DATE OF BURIAL May 23, 1930

20. UNDERTAKER Jos. W. Clark ADDRESS 1125  
Hodiamou

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.

PERMANENT RECORD

JUN 27 1930

