

27 1931

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

Do not use this space.
7023

1. PLACE OF DEATH

County St. Louis Registration District No. 1170 File No. _____
Township Richmond Heights Primary Registration District No. 6248 Registered No. 53
City Richmond Heights, 8124 Hicks Ave. St. _____ Ward _____

2. FULL NAME

(a) Residence No. 8124 Hicks Avenue St. _____ 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. m. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 8 unk

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Gardener 5
(b) General nature of industry, business, or establishment in which employed (or employer). Self
(c) Name of employer. Mississippi

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

10. NAME OF FATHER Anthony Peters

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

12. MAIDEN NAME OF MOTHER Carol D. Ryan

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

14. INFORMANT Ethel Peters
(Address) 8124 Hicks Ave., Richmond Heights

15. FILED 2/20 1931 G. L. Juhan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17th 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 9th 1931 to Feb 17th 1931 that I last saw him alive on Feb 17 12:30 p.m. and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia of the lungs
11th
10917 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED Richmond Heights
IF NOT AT PLACE OF DEATH. 8124 Hicks Ave

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____

20. WAS THERE AN AUTOPSY? _____

21. WHAT TEST CONFIRMED DIAGNOSIS? Microscopic of lungs
(Signed) J. H. Williams M.D.
(Address) John S. Williams

*State the DISEASE CAUSING DEATH, or in death by any other cause, (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
19. PLACE OF BURIAL, CREMATION, OR REMOVAL Father Dickson DATE OF BURIAL 2/21 1931

20. UNDERTAKER Chas. J. Yates ADDRESS 407 Spring

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

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.

Mr. B. G. Mounnelly
Elm + Shady Aves.,
Webster Groves, Mo.