

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  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

29708

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. City Hosp)

File No. ....  
 Registered No. 8741  
 St. .... Ward

**2. FULL NAME**

Lawrence Peterson  
 (a) Residence, No. 3852 Olive St. Ward.

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 14 - 1896</u>		
7. AGE	YEARS <u>35</u>	MONTHS <u>5</u>
	DAYS <u>29</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Salesman</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Gen'l. Electric Co.</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wisconsin</u>		
FATHER	13. NAME <u>Paul Peterson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>	
MOTHER	15. MAIDEN NAME <u>Augusta Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>	
17. INFORMANT (ADDRESS) <u>Hospital information</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hansen Mason</u> DATE <u>Aug 14, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Bullwauke Bros</u>		
20. FILED <u>1931</u> <u>May 21</u> <u>St. Louis</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 13<sup>th</sup>, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 3<sup>rd</sup>, 1931, to Aug. 13<sup>th</sup>, 1931

I last saw him alive on Aug. 13<sup>th</sup>, 1931 Death is said to have occurred on the date stated above, at 2:50 P.M.

The principal cause of death and related causes of importance were as follows:

108  
31 A  
Left lower lobar  
Pneumonia  
108  
Subacute endocarditis

Other contributory causes of importance:

8  
Ch. + Gb.  
yes

Name of operation..... Date of.....

What test confirmed diagnosis? Ch. + Gb. Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury..... 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify.....  
 (Signed) J. J. Reichman, M. D.  
 (Address) City Hospital

Peterson