

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

Do not use this space.

17986

**1. PLACE OF DEATH**

County ..... Registration District No. 5107  
 Township St. Louis Primary Registration District No. 5003  
 City St. Louis (No. Deaconess Hosp.) St. .... Ward)

File No. ....  
 Registered No. 4955  
 St. .... Ward)

**2. FULL NAME**

John H. Peters Jr.  
 (a) Residence, No. 4600 Tennessee St. Ward. 15  
 (Usual place of abode)  
 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. (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>Sept. 28-1915</u>		
7. AGE YEARS <u>16</u>	MONTHS <u>7</u>	DAYS <u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Brewery Clerk</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Father 125</u>		
10. Date deceased last worked at this occupation (month and year)		

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

FATHER 13. NAME John Peter Sr.

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

MOTHER 15. MAIDEN NAME Pearl Liehr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT Pearl Peters (ADDRESS) 4600 Tennessee Ave

18. BURIAL, CREMATION, OR REMOVAL\* PLACE Summit Burial DATE 5/24/32

19. UNDERTAKER Ziegenfuss Bros. (ADDRESS) 2421 Chapin

20. FILED MAY 22 1932

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-20 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician or attendance (If nonresident, give city or town and State)

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 119 a.m.

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

Shock & Injury  
Fracture of Brain  
Fracture of Skull  
Collision between two Auto  
deceased was driving Auto

Other contributory causes of importance:

St. Louis Mo.  
210 M Accident  
201

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

What test confirmed diagnosis?..... 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 5-18, 1932

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public Place

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) J. W. Kerner, M. D.

(Address) Dep. Coroner

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.

MAKING RESERVED FOR BINDING

V. & NO. 2

