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

Do not use this space.

24014

File No. .....

Registered No. .....

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 790

2 Township Central — Primary Registration District No. 6033

7 City Clayton (No. St Louis Co. Hospital St. ..... Ward)

2. FULL NAME Louisa Schweider Peetz

(a) Residence, No. 5548 Lansdowne St., ... Ward. (If nonresident, give city or town and State)
(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.

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: Fritz Peetz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-26-1854

7. AGE: YEARS 77 — MONTHS 8 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. house-wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
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): May Co. Mo.

FATHER

13. NAME: William Schweider
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Mary Laubsbach
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. John Young 4427 Norfolk

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE July 16 1932

19. UNDERTAKER (ADDRESS): Alexander & Sons 6175 Delmar

20. FILED July 14 1932 R. W. Sullivan Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1932

22. I HEREBY CERTIFY That I attended deceased from Aug. 1925 to July 14th 1932
I last saw her alive on July 13 1932. Death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Enteritis	July
120B	8th
191 191	
Other contributory causes of importance:	365
Heart Prostration	

Name of operation None Date of 0
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury 0, 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? 0
If so, specify .....
(Signed) Wm Alexander Smith, M. D.
(Address) Webster Groves

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

MARGIN RESERVED FOR BINDING

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.

AUG 27 1932

U. S. No. 2

Dr. H. W. Smith, Lockwood.