

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

Do not use this space.

30423

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No. 2500, S. 18 Str. Str. St. Ward)

File No.....
Registered No. 8078
St. Ward)

2. FULL NAME

Mary Peters
(a) Residence, No. 2500 S. 18 St. 23 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-24-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 8 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 244

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis 1 (STATE OR COUNTRY) Mo

13. NAME Patrick Peters 15

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. John Rooney (ADDRESS) 5471 Queens Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 9-7-32

19. UNDERTAKER W. A. Stork Road Co (ADDRESS) 2117 G. & Evans Ave

20. FILED SEP -6 1932 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25th, 1932, to Sept 4th, 1932

I last saw him alive on Sept 3rd, 1932. Death is said

to have occurred on the date stated above, at 11 P. m.

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

Apoplexy / Sept 1st, 1932
82R
97
Other contributory causes of importance: Arterio Sclerosis 4 years.

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

What test confirmed diagnosis? Blood Pressure Was there an autopsy? No

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? No

If so, specify.....

(Signed) Edwin J. Korbil, M. D.

(Address) 3635 N. Hunter Ave

