

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

Do not use this space.

33846

1. PLACE OF DEATH

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

File No.....
Registered No. 9146
St..... Ward.....

2. FULL NAME

(a) Residence, No. 2615 Swadlow 9 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12 - 1898
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 10 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pressman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 55
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Cincinnati (STATE OR COUNTRY) Ohio

13. NAME Peter Ege 10
14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

15. MAIDEN NAME Katherine Maffitt 2
16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Hospital information
City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Oct 17 1932

19. UNDERTAKER Arthur J. Womack, Inc Co (ADDRESS) 2029 N. 2nd St

20. FILED OCT 15 1932 19 Mar E. Starckloff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14 1932
22. I HEREBY CERTIFY, That I attended deceased from Oct. 12 1932 to Oct. 14 1932
I last saw him alive on Oct. 14 1932 Death is said to have occurred on the date stated above, at 8:00 P.M.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:
Cerebral hemorrhage
114
J. J. A.
Date of onset

Name of operation..... Date of.....
What test confirmed diagnosis? pm 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? No
If so, specify.....
(Signed) J. Coleman M. D.
(Address) City Hospital

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.

THIS IS A PERMANENT RECORD

