

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

Do not use this space.

*Wentker*

10814

File No. ....  
Registered No. 40 St. .... Ward)

APR 24 1933

**1. PLACE OF DEATH**

County St. Charles Registration District No. 957  
Township ..... Primary Registration District No. 3036  
City St. Charles (No. 415, Block)

**2. FULL NAME**

John Henry Peters  
(a) Residence, No. .... St., ..... 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1863  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
69 7 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
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) St. Charles, Mo. (STATE OR COUNTRY) Mo.

13. NAME John Peters

14. BIRTHPLACE (CITY OR TOWN) St. Charles, Mo. (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Elizabeth Dammerschweh

16. BIRTHPLACE (CITY OR TOWN) St. Charles, Mo. (STATE OR COUNTRY) Mo.

17. INFORMANT Irvin Peters (ADDRESS) 415 Block St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hammeter Inc. DATE Mar 11, 1933

19. UNDERTAKER H. Sallmeyer & Sons Co (ADDRESS) 800 N. 2nd St.

20. FILED 3/11, 1933 H. B. Bloebaum Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8th, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1932, to March 8, 1933  
I last saw him alive on March 7, 1933 Death is said to have occurred on the date stated above, at 7:15 a.m.  
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset about 2 yrs ago.  
2nd  
2nd

Other contributory causes of importance:

Name of operation ..... Date of .....  
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? ..... 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) B. P. Wentker, M. D.  
(Address) St. Charles, Mo.

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.

233

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