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

Do not use this space.

10995

File No.
Registered No.

APR 28 1933

1. PLACE OF DEATH
County St. Louis Registration District No. 790
Township Central Primary Registration District No. 6033
City Clayton (No. St. Louis County Hospital St. Ward)

2. FULL NAME Peter Dumont --- Peter LawrenceDumont
(a) Residence, No. 698 Edgar St., Webster Ward. Gondolet Twsp. St L. County
(Usual place of abode) 698 Edgar Road (If nonresident, give city or town and State)
Length of residence in city or town where death occurred --yrs. 1 mos. --ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) XXXX Mary Anna Stueckel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22, 1859

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
73	11	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Stationary Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Flour mill
10. Date deceased last worked at this occupation (month and year) 1919 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mascoutah St. Clair Co., Illinois

FATHER
13. NAME Peter Dumont
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace Lorraine, France

MOTHER
15. MAIDEN NAME Agatha Firdio
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace Lorraine, France

17. INFORMANT Oscar J. Dumont (son)
(ADDRESS) 698 Edar Rd. Webster Groves

18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE Lake Wood Cemetery St. Louis County DATE March 25, 1933

19. UNDERTAKER Allen W. McLaughlin
(ADDRESS) Webster Groves, Mo.

20. FILED Mch 25 1933 RW Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1933, to 3-23, 1933
I last saw h. alive on 3-22, 1933. Death is said to have occurred on the date stated above, at 8:05 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	3-18-33

Other contributory causes of importance:

Amputation (left)	2-20-33

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) T. R. Usher, M. D.
(Address) St. Louis County Hosp.

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.

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

MARGIN RESERVED FOR BINDING

U. S. No. 2.