JAN 26 1934

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

Do not use this space.

42203

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 11278

City St. Louis (No. 3002 Magnolia Ave. St. ..... Ward)

2. FULL NAME Peter A. Juhlin

(a) Residence, No. 3002 Magnolia Ave. St., 17 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: Male
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: Emily Juhlin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July, 6th. 1859.

7. AGE: YEARS 74 | MONTHS 5 | DAYS 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe maker
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): Sweeden

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweeden 8

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Miss Sadie Juhlin 3002 Magnolia Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles DATE Jan. 1st. 1934

19. UNDERTAKER (ADDRESS): Wacker-Helderle 2331 S. Broadway

20. FILED DEC 31 1933 J. F. Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 29th. 1933

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1933, to Dec 29, 1933

I last saw him alive on Dec 29th, 19..... Death is said to have occurred on the date stated above, at 1. P. M.

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

	Date of onset
Cancer stomach and liver	June 5, 33
Primary [illegible] stomach	

Other contributory causes of importance:

46B Myocarditis chronic Sept 10, 33
46E
93C

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

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Albert F. Bina, M. D.

(Address) 1841 S 12th

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.