

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis.*

791
1003

Registration District No.....
Primary Registration District No.....
(No. *4728h*, *Lewis Place*)

File No. *2825*
Registered No. *460*
St. Ward)

2. FULL NAME *James Frederick Pease*

(a) Residence, No. *#4728 Lewis Place* St. *17* 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) *Widowed.*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Antoinette Pease*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 27-1864*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69. 5. 15.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Doctor*

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

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) *Quincy Illinois*

FATHER 13. NAME *Nathaniel Pease*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Quincy Ill.*

MOTHER 15. MAIDEN NAME *Caroline Stone*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mass*

17. INFORMANT (ADDRESS) *Chas W. Roth 4728 Lewis Place*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Valhalla Cem Jan 19-1934*

19. UNDERTAKER (ADDRESS) *C. R. Lupton & Sons 4449 Olive Street*

20. FILED 19 *1934* Registrar. *J. H. Bredeck*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 11th 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 9, 1933* to *Jan 11, 1934*

I last saw him alive on *Jan 10, 1934* Death is said to have occurred on the date stated above, at *11 a.m.*

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

Angina Pectoris Date of onset *1929*

Other contributory causes of importance *myocarditis (chronic)* *2*

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? *No*

If so, specify.....

(Signed) *St. Louis Schuchat*, M. D.

(Address) *2200 Chestnut av.*

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.

2200 Chouteau Grand 5083
3866 Flax Old Prospect 1410.