

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.

MAR 24 1934

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

Do not use this space.

6714

1. PLACE OF DEATH

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

Registration District No. *791*
Primary Registration District No. *1003*
Christian Hospital

File No.....
Registered No. *1565*
St..... Ward.....

2. FULL NAME

(a) Residence, No. *3505 First Ave* St. *10* Ward.....

(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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 15, 1857</i>		
7. AGE YEARS <i>76</i>	MONTHS <i>10</i>	DAYS <i>27</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>At Home</i>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>		
13. NAME <i>Henry Peters</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>		
15. MAIDEN NAME <i>Wilhelmina Strick</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>		
17. INFORMANT (ADDRESS) <i>William F. Peters 3505 First Ave</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Bellefontaine</i> DATE <i>Feb. 14, 1934</i>		
19. UNDERTAKER (ADDRESS) <i>Walter Hermann, 412 So. 5th St. St. Louis, Mo.</i>		
20. FILED <i>1934</i> <i>F. J. Bredeck</i> Registrar.		

4 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from *12/30, 1933, to 2/11, 1934*

I last saw him alive on *2/11, 1934* Death is said to have occurred on the date stated above, at *11:45 P.M.*

The principal cause of death and related causes of importance were as follows:
Pneumo-pneumonia
1860
1945
1970

Other contributory causes of importance:
Fracture Rt. humerus
Fracture Rt. femur
Infirmities

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? *Accident* date of injury *12/30, 1933*
Where did injury occur? *at home*
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *fell to floor*
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify.....
(Signed) *V. J. Meinkens* M. D.
(Address) *Grand Street*

Galder

Figus

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