MAY 25

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 14304

Township ..... Primary Registration District No. 1003 Registered No. 3475

City St Louis (No. 5842 Cabanne Av St. ..... Ward)

2. FULL NAME Eugenia S. Peltz

(a) Residence, No. 5842 Cabanne St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/9-1863

7. AGE YEARS 70 MONTHS 5 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public
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) St Louis Mo

FATHER
13. NAME Samuel Peltz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Penn

MOTHER
15. MAIDEN NAME Margaret Shelby
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston Ind

17. INFORMANT (ADDRESS) Mary L. Blattermann 5842 Cabanne

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE 4-7 1934

19. UNDERTAKER (ADDRESS) Alexander & Sons 6175 Delmar

20. FILED 1934 19 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-4, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1934 to April 4, 1934

I last saw her alive on April 4, 1934. Death is said to have occurred on the date stated above, at 10 45 a.m.

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

	Date of onset
Cerebral Hemorrhage	3-26-34
93C	
82A	
97	

93C

Other contributory causes of importance:
Arterio Sclerosis
Myocarditis Chronic
Exhaustion

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

What test confirmed diagnosis? Physical exams 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) Frances R. Ritchie, M. D.
(Address) 5233 Westminster Av. (RITCHIE) St Louis Mo

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.

5233 Hatiman