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.

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

Do not use this space.

31155

SEP 13 1934

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 3320 Vista Av. St. ..... Ward)

File No. .....

Registered No. 8454

2. FULL NAME John L. Peterson

(a) Residence, No. 3320 Vista Av St., 18 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Pauline Peterson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): unknown

7. AGE: Yrs 67 Months Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Leather - Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. not employed

10. Date deceased last worked at this occupation (month and year) Jan 1926

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

FATHER

13. NAME: unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

17. INFORMANT (ADDRESS): Mrs Pauline Peterson 3320 Vista Av

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters Cemetery DATE Aug 18 1934

19. UNDERTAKER (ADDRESS): Peltz Bros 3029 Lafayette Av

20. FILED AUG 18 1934 19 J. W. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1934, to Aug 15, 1934

I last saw him alive on Aug 15, 1934 Death is said to have occurred on the date stated above, at 10 a.m.

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

Lobar Pneumonia

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Date of onset

Other contributory causes of importance

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) Otto C. Hanser, M. D.

(Address) 3156 Park Av

[illegible]
3/[illegible] [illegible]