

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.

APR 9 1935

11054

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1008**  
 City St. Louis (No. 4560, St. Louis)

File No.....  
 Registered No. **2685**  
 St. .... Ward)

**2. FULL NAME**

Charles J. Peterson  
 (a) Residence, No. 4560, St. Louis St. 18 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clara</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 19, 1857</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>7</u>
		DAYS <u>✓</u>
	If LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter Contractor (Retired)</u>	
	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) <u>Ill</u>		
MOTHER	13. NAME <u>Jacob Peterson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>	
	15. MAIDEN NAME <u>Margaret Ericson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Clay Holmes</u> <u>4560 St. Louis</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mason City Ill</u> DATE <u>Mar 22</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Fred M. Williams</u> <u>4534 Washington St. St. Louis</u>		
20. FILED <u>MAR 22 1935</u> <u>J. M. Brebeck</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935 to Mar 21, 1935  
 I last saw him alive on Mar 21, 1935 Death is said

to have occurred on the date stated above, at 12:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis Date of onset  
930  
 Other contributory causes of importance:  
Chronic Myocarditis

Name of operation..... Date of.....  
 What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in 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) J. S. Shults M. D.  
 (Address) 2500 S. Michigan Ave. St. Louis

