

JUN 12 1935

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**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 3909 Page Blvd)

File No. **17927**
Registered No. **4242**
St. Ward)

2. FULL NAME

Katherine M. Peters
(a) Residence, No. 3909 Page Ave, St. 11 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 <u>Female</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 OR (OR) WIFE OF <u>Ernest M. Peters</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 7, 1947</u>		
7. AGE	YEARS	MONTHS
	<u>88</u>	<u>7</u>
		DAYS
		<u>1</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>Housework</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) St. Louis County Mo.
(STATE OR COUNTRY)

13. NAME Ernest Goeler

14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

17. INFORMANT Harry G. Peters
(ADDRESS) 3909 Page Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany Cem. DATE May 11, 1935

19. UNDERTAKER My Ridner and Co.
(ADDRESS) 1417 N. Market St.

20. FILED MAY 10 1935
J. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8th, 1935

22. I HEREBY CERTIFY, That I attended deceased from July, 1925, to May 8, 1935.
I last saw her alive on May 8, 1935. Death is said to have occurred on the date stated above, at 5:01 a.m.

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

Apoplexy from cerebral thrombosis
terminal broncho-pneumonia

Date of onset
March 10 1935
3 days

Other contributory causes of importance:
arterio-sclerosis general
chronic myocarditis
pyelonephritis noncalculous

20 years
10 years
5 years

Name of operation Date of
What test confirmed diagnosis? PS 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?
If so, specify (Signed) Walter Fisher, M. D.
(Address) 3720 Washington

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.

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