

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

Do not use this space.

OCT 23 1935

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **1121^e**, **RUTGER**) St. _____ Ward)

File No. **28258**
 Registered No. **7401**

2. FULL NAME **PETER JOSEPH**

(a) Residence, No. **1121^e Rutger** St., **22** Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **15** 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 *Mamie Joseph*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *October 21-1883*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 10 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *watchman*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Hemp manufacture*
10. Date deceased last worked at this occupation (month and year) *Nov. 1934* **11. Total time (years) spent in this occupation** *4*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown SYRIA*

13. NAME *UNKNOWN*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *4*

15. MAIDEN NAME *UNKNOWN*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *4*

17. INFORMANT (ADDRESS) *Mamie Joseph 1121^e Rutger St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Our Kaduma Cem.* DATE *9/3 1935*

19. UNDERTAKER (ADDRESS) *Biederwiden Funeral Home, Inc. 1936 St. Louis Ave.*

20. FILED *SEP - 3 1935* *J. Bredeck Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *August 31, 1935*
22. I HEREBY CERTIFY, That I attended deceased from *July 15 - 1935, to Aug. 31 - 1935*
 I last saw him alive on *Aug. 1 - 1935* Death is said to have occurred on the date stated above, at *9:15 p.m.*
 The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis
Myocarditis (Chronic)
Arterio-Sclerosis
Chronic nephritis
 Other contributory causes of importance:
131

Name of operation *0* Date of _____
 What test confirmed diagnosis? *Chrom. Findings* Was there an autopsy? *no.*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *no.* Date of injury *4*, 19____
 Where did injury occur? *no.* (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *no.*
 Nature of injury *no.*

24. Was disease or injury in any way related to occupation of deceased? *no.*
 If so, specify *no.*
 (Signed) *F. S. Perrings*, M. D.
 (Address) *110 Laney Ferry Road*

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.

