

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.

JAN 13 1936

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

Do not use this space.

41365

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis* No. *2630^a* *Yard*

File No.
Registered No. **10586**
St. Ward)

2. FULL NAME

Peter Pius Kaelin
(a) Residence, No. *2630^a* *Ohio* St., *23* Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Catherine Kaelin</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 13 1859</i>		
7. AGE	YEARS <i>76</i>	MONTHS <i>8</i>
	DAYS <i>0</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>a river pilot</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Quick Meal Store</i>	
	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) <i>Switzerland</i>		
FATHER	13. NAME <i>Meinat Kaelin</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Switzerland</i>	
MOTHER	15. MAIDEN NAME <i>Cheresa Keuter</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Switzerland</i>	
17. INFORMANT (ADDRESS) <i>Catherine Kaelin</i> <i>2630^a Ohio St.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Marcus</i> DATE <i>12-16</i> 19 <i>35</i>		
19. UNDERTAKER (ADDRESS) <i>With 13 up govt. H.C.</i> <i>2929 S. Jefferson St.</i>		
20. FILED DEC 15 1935 <i>J.P. Bredeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 13* 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *June 1* 19*35*, to *Dec 13*, 19*35*
I last saw him alive on *Dec 12*, 19*35* 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:
Carcinoma of stomach Date of onset *7/1/35*

Other contributory causes of importance: *H6*

Name of operation.....
What test confirmed diagnosis? *Lab. Phisic & Chemical tests* Was there an autopsy.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *no* 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) *W.A. Walters*, M. D.
(Address) *8608 8th St. Houston Mo*

12/14/35

