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.

SEP 29 1936

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

Do not use this space.

33253

File No. .....

Registered No. 332

1. PLACE OF DEATH

County St. Louis Registration District No. 1123

Township Carondolet Primary Registration District No. 6249 B

City Koch — Mo. (No. Koch Hospital St. ..... Ward)

2. FULL NAME Raymond Peters.

(a) Residence, No. 4219 N. Prairie St., ... Ward. St. Louis, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ~~32~~ yrs. 3 mos. 12 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1902

7. AGE: Years 34 | Months 3 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractors

10. Date deceased last worked at this occupation (month and year) Jan. 1935

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

FATHER

13. NAME Arthur Peters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis?

MOTHER

15. MAIDEN NAME Rose

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis?

17. INFORMANT (ADDRESS) Koch Hospital Records.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Aug 24 1936

19. UNDERTAKER Math. Kuhmann & Son
(ADDRESS) Fair & Florissant Ave. St. Louis, Mo

20. FILED Aug 21 1936 G. Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to Aug. 20, 1936

I last saw h. alive on 8-20, 1936 Death is said to have occurred on the date stated above, at 1:15 p.m.

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

	Date of onset
Pulmonary Tuberculosis	
23	

Other contributory causes of importance:

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? yes

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? no

If so, specify .....

(Signed) A. J. Steiner M. D.

(Address) Koch Hospital Koch, Mo.