

DEC 4 1936

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

Do not use this space.

1. PLACE OF DEATH  
County St. Louis Registration District No. 790 File No. 38970  
Township Stanton Primary Registration District No. 20389 Registered No. 410  
City Clayton (No. St. Louis County Hospital St. \_\_\_\_\_ Ward)

2. FULL NAME Frank Peters Sr.  
809 Erskine  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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 m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/1/1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
65 5 27

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory hand  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Scharff Koken  
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) St. Peters, Mo.

MOTHER FATHER  
13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT Arthur Peters  
(ADDRESS) 809 Erskine

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Peters Cem. DATE 10/31 19. 36

19. UNDERTAKER Hoffmeister and Co  
(ADDRESS) 1731 1/2 Broadway

20. FILED 10/29 19. 36 Dr. J. S. Gagnier  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/28/36 19. 36

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19. \_\_\_\_\_, to \_\_\_\_\_, 19. \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19. \_\_\_\_\_ Death is said

to have occurred on the date stated above, at 5:45 AM

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

Sub-arachnoid hemorrhage, left side. Cerebral edema; Multiple fractures complete, and penetrating on rt. side from the 3rd to 7th rib. Fracture of 6th dorsal vertebrae. Laceration, contusion and adhesions of both pleural sacs. Multiple punctures and lacerations and contusions of both lungs.

OVER  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? autopsy 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? yes  
If so, specify \_\_\_\_\_, M. D.  
(Signed) J. S. Gagnier

(Address) 3718 Jeannette St  
St. Louis, Mo.

Traumatic pneumonia, bilateral. Hematothorax, bilateral.  
Fracture of spleen, fracture left kidney. Intra  
abdominal hemorrhage, fracture rt. upper arm and  
compound and comminuted fracture of rt lower leg.  
Sec: Internal, external hemorrhage. Toxemia.  
Traumatic pneumonia.

Auto and pedestrian; accident at Luxenburg, Mo.  
taken to County hospital and pronounced dead.

Verdict of Jury: As the result of injuries sustained  
when struck by a motor vehicle at Lemay Ferry rd.  
and Hoffmeister Rd. Accident being unavoidable.