

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.

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

Do not use this space.

DEC 3 1936

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1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis, Mo. (No. Missouri-Baptist Hospital) St. Ward)

File No.
Registered No. 11443

2. FULL NAME Joyce Peterson

(a) Residence, No. St. NR Ward. Swedeborg, Missouri
(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 Female	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) October 7th, 1917				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	19	1	10	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (High School)			
	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) Swedeborg, Missouri				
FATHER	13. NAME Edward Peterson			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri			
MOTHER	15. MAIDEN NAME Anna Lundstrom			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden			
17. INFANT (ADDRESS) William A. Peterson, 724 N. Sappington Rd., Glendale, Mo.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Swedeborg, Mo. DATE November 19, 1936				
19. UNDERTAKER (ADDRESS) Albert H. Hoppe Inc., 429 N. Euclid Avenue				
20. F NOV 18 1936 <i>J. F. Bradeck</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 17th, 1936**

22. I HEREBY CERTIFY, That I attended deceased from 11/16, 1936, to 11/17, 1936
I last saw him or her alive on 11/17, 1936 Death is said to have occurred on the date stated above, at 7:45 P.M.
The principal cause of death and related causes of importance were as follows:
Bilateral Pyelonephritis with perforating abscesses through bronchi & trachea
Other contributory causes of importance: **cause of abscess unknown non tuberculous**

Name of operation **drainage of abscess** Date of operation **1936**
What test confirmed diagnosis? **operation** 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) **Stuart Jacoby** M. D.
(Address) **metropolitan sq St. Louis**

