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.

SUPPLEMENTARY

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3922

Township ..... Primary Registration District No. 1003 Registered No. 961

City St. Louis, Mo. (No. City Infirmary St. ..... Ward)

2. FULL NAME Peter Felor

(a) Residence, No. 5800 Arsenal St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 25, 1859

7. AGE: Years 77, Months 1, Days 20. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Peddler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 822
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): Dont Know. Austria 3

FATHER

13. NAME: Dont Know.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know. ? 31

MOTHER

15. MAIDEN NAME: Dont Know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know. ? 31

17. INFORMANT (ADDRESS): J.G.Sullivan 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetey DATE Jan. 22, 1937.

19. UNDERTAKER (ADDRESS): J. H. Gebken L & Co. 2842 Meramec St.

20. FILED Jan. 21 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 3, 1933, to Jan. 14, 1937
I last saw him alive on Jan. 14, 1937 Death is said to have occurred on the date stated above, at 11:05 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC MYOCARDITIS	
CONGESTIVE HEART FAILURE	

Other contributory causes of importance:
ARTERIOSCLEROSIS, Generalized

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? NO

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? .....
If so, specify .....
(Signed) L. G. Pray, M. D.
(Address) 5600 Arsenal