

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.

OCT 14 1937

1. PLACE OF DEATH

County Isolation Hospital Registration District No. 791
Township _____ Primary Registration District No. 1008
City St. Louis, Mo. (No. Isolation Hospital)

File No. 32230
Registered No. 8284
St. _____ Ward _____

2. FULL NAME Peter L. Peterson
6928 Garner

(a) Residence, No. _____ St. 4 Ward _____
(Usual place of abode)
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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary E. Peterson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 24, 1862</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>0</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Church Custodian</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
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) <u>Denmark</u>		
13. NAME <u>?</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Denmark</u>		
15. MAIDEN NAME <u>?</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Denmark</u>		

17. INFORMANT (ADDRESS) <u>B. Buttenuth, ISOLATION HOSPITAL</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>Sept. 4, 1937</u>
19. UNDERTAKER (ADDRESS) <u>Robert J. Ambruster, Clayton Road at Concordia Lane</u>
20. <u>SEP 9 1937</u> <u>J. A. Bredeck</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2, 193722. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1937, to Sept. 2, 1937I last saw him alive on Sept. 2, 1937 Death is saidto have occurred on the date stated above, at 1:55 p m

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

Encephalitis
Epidemic
1937

Other contributory causes of importance:

Broncho-Pneumonia

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 the street, 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) Geo. S. Borchert, M.D.
(Address) Isolation Hospital

