

OCT 4 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32325
 Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St Louis** (d) Street No. **8379** Registered No. **8379**
 (e) Length of residence in city or town where death occurred **36** mos. ds. (f) How long in U. S., if of foreign birth? **36** yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **6313 Marquette** St. **14**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **widow**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John Peterson**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 14-1870**
 7. AGE YEARS **66** MONTHS **9** DAYS **20** If LESS than 1 day, ... hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **at home**
 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) **Latvia**

13. NAME **Unknown Ziehaus**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Latvia**

15. MAIDEN NAME **Unknown**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **"**

17. INFORMANT (ADDRESS) **Henry Peterson 6301 Marquette**

18. BURIAL, CREMATION, OR REMOVAL PLACE **110 Crematory** DATE **19-7-1937**

19. FUNERAL DIRECTOR (ADDRESS) **Wm. B. & W. 2429 S. Jefferson Ave**

20. FILED **SEP 7 1937** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 4, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 4, 1937** to **Sept 4, 1937**

I last saw him on **Sept 4, 1937** Death is said to have occurred on the date stated above at **7:15 a.m.**

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

Coronary thrombosis

Other contributory causes of importance: **946**

Name of operation **No** Date of **No**

What test confirmed diagnosis? **No** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **No** Date of injury **No**

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 **No**

Nature of injury **No**

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify **No**

(Signed) **W. B. & W.** M. D.

(Address) **1537 S. Howard**

STATEMENT BY LICENSED EMBALMER

I, Paul G. Shanklin, Licensed Embalmer No. 3472

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Paul G. Shanklin

L. E.

No. 3472 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Paul G. Shanklin
Licensed Embalmer No. 3472

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)