

NOV 16 1938

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

33719  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City ..... (d) Street No. **1821A WARREN ST**  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **8705**

2. PRINT FULL NAME **ELIZABETH PEITZ**

(a) Residence, No. **1821A WARREN ST** St. **26**  
(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 (write the word) **WIDOWED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **GEORGE PEITZ**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JAN. 28, 1858**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**80 8 5**

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. **HOUSEWORK**  
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) **GERMANY**

13. NAME **UNKNOWN**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

15. MAIDEN NAME **UNKNOWN**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

17. INFORMANT **JOHN PEITZ**  
(ADDRESS) **4718 PENROSE ST**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **CALVARY CEM.** DATE **OCT 6 1938**

19. FUNERAL DIRECTOR **Goodhart**  
(ADDRESS) **2228 ... ave**

20. FILED **OCT 5 1938**  
**G. Bredeck**  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 3** 19 **38**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 30**, 19**38**, to **Oct 3rd**, 19**38**.

I last saw her alive on **Oct 2nd**, 19**38**. Death is said to have occurred on the date stated above, at **11:20 A.M.**

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

**Bronche Pneumonia**

Date of onset  
**Sept 30**  
**1938**

Other contributory causes of importance:

**Grippe**

From  
Lungs  
**Sept 26**

Name of operation ..... Date of ..... **38**

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? **1**

If so, specify .....  
(Signed) **Alton Keck**, M. D.  
(Address) **4701 St Louis Ave**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

*Charles Goodhart*  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by *Charles Goodhart*  
L. E. *Charles Goodhart*

Licensed Embalmer No. *2777*

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *Charles Goodhart*  
Licensed Embalmer No. *2777*

**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.)**