

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

5123
 Do not use this space.

1. PLACE OF DEATH **791** **1003** **1816**
 (a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City **St. Louis, Mo.** (d) Street No. **Christian Hospital.** 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.

2. PRINT FULL NAME **Ella Peters.**
 (a) Residence, No. **3227 Barrett St.** St. **10** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female.** 4. COLOR OR RACE **White.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Widow.**
 (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Henry Peters.**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 18, 1853.**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 **2** **5**

OCCUPATION
 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) **Cincinnati Ohio.**

FATHER
 13. NAME **William Gray.**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Penn.**

MOTHER
 15. MAIDEN NAME **Sarah J. Mc Millen.**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Penn.**

17. INFORMANT (ADDRESS) **Albert Peters.**
3227 Barrett St.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cem.** DATE

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Math Hermann & Son.**
2161 East Fair Ave.

20. **FEB 25 1939** **J.B. Beckler** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 23, 1939**
 22. I HEREBY CERTIFY, that I attended deceased from **Dec 18 1939** to **Feb 23 1939**
 I last saw her alive on **Feb 23 1939** Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

(Osteoporosis) Paget's Disease of Bone
 Date of onset **1 yr.**
 Other contributory causes of importance: **155**

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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 **Yes**
 (Signed) **G. A. Mellies**, M. D.
 (Address) **2739 N. Grand.**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *William G. Buckholz*

Licensed Embalmer No. *2110*

P.O. Address *St. Louis Mo*

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.)

If this body is not embalmed, above space should be left blank.