JUN 13 1935

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.

17628

1. PLACE OF DEATH

County St. Louis Registration District No. 784 File No.

Township St. Ferdinand Primary Registration District No. 6030 Registered No. 75

City (No. Chambers rd and Florissant St. Ward)

2. FULL NAME Laura Petersen

(a) Residence, No. Chambers rd. and Florissant St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
f	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John K. Peterson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
42	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

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) St. Louis Co. (STATE OR COUNTRY) Mo.

FATHER

13. NAME Edward J Twillmann

14. BIRTHPLACE (CITY OR TOWN) St. Louis Co. (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Anna Schnuck

16. BIRTHPLACE (CITY OR TOWN) Cooper Co. (STATE OR COUNTRY) Mo.

17. INFORMANT John K Peterson
(ADDRESS) W. Florissant and Chambers rd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bethlemn Cem. DATE 5/29/1935

19. UNDERTAKER Bergerweifen Und Co
(ADDRESS) 1936 St Louis av

20. FILED 5/28 1935 W. A. Zeitler Registrar.
Ar. L. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/26/1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6:30PM

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

Felo-De Ce, self intent, shot self thru head with 32 caliber revolver, bullet entering rt. temporal and taking exit just back of left temporal

~~XXXXXXXXXXXXXXX~~

Other contributory causes of importance:

mascerating brain and skull. Secondary, Shock and hemorrhage.

Name of operation Date of

What test confirmed diagnosis? Coroner's view 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 5/27/35

(Signed) Luke B. Turner M. D.

(Address) 3718 Jennings Rd.

Coroner St Louis Co Mo

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