

**MISGOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

3660

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City..... (No. 1442 Morgan Dr.)

File No. ....  
Registered No. 258  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 1442 Morgan Dr. St. 26 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-4-1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ... min.
	<u>72</u>	<u>3</u>	<u>1</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. At Home 131  
(b) General nature of industry, business, or establishment in which employed (or employer) 92A  
(c) Name of employer 93C

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

10. NAME OF FATHER Francis Peitz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Carferia Kruse

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

14. INFORMANT Anna Peitz  
(Address) 1442 Morgan Dr

15. FILED - 6 1929 Nov 19 W. C. Starkey  
REGISTRAR

**5 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 5 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 4 1909 to January 4 1929 that I had saw h. .... alive on Jan 4 1929, and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic interstitial Nephritis?  
Myocardites Chronic?  
Metral insufficiency?  
Chronic Obstruction?  
Hypertension? yrs. mos. da.

CONTRIBUTORY (SECONDARY) Anemia yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 24 W  
IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) Luke B. Tiernon, M. D.

15 1929 (Address) 3718 Jennings Pl

\*State the DISEASE CAUSING DEATH, or if death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cavalry Cem. DATE OF BURIAL 1/7 1929

20. UNDERTAKER H. W. Strickland Co ADDRESS 2117 E. Grand

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.

