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.

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 26907

Township ..... Primary Registration District No. ..... Registered No. 8109

City St Louis (No. 5328, Wells Ave St. ..... Ward)

2. FULL NAME Peter Mees

(a) Residence, No. 5328 Wells Ave St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Amelia Mees

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11, 1853

7. AGE: YEARS 78 | MONTHS 6 | DAYS 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Leather Sport Goods
10. Date deceased last worked at this occupation (month and year) Aug 1929
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER

13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

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

17. INFORMANT (ADDRESS) Amelia Mees 5328 Wells Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem DATE July 24, 1931

19. UNDERTAKER (ADDRESS) Drehmann Canal 1905 Union Blvd

20. FILED JUL 22 1931 Max C Starkloff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 1928 to July 21, 1931.
I last saw him alive on July 21, 1931. Death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:

Failure of heart
Myocarditis Chronic
Chronic bronchitis non Tubercular
Arteriosclerosis

Date of onset

Other contributory causes of importance:

Senility

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? No
If so, specify .....
(Signed) Mr Nelson, M. D.
(Address) 1483 Union Boul.

[illegible]
1483 [illegible]
3.5