WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

NOV 10 1933

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

Do not use this space.

34387

1. PLACE OF DEATH

96 County St. Louis Registration District No. 790

2 Township Central Primary Registration District No. 6033a

7 City Clayton (No. St. Louis County Hospital St. Ward)

File No. Registered No. 118

2. FULL NAME Susan Mae Peterson

(a) Residence, No. 3411 Commonwealth St., Ward. Maplewood, Mo.
(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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12, 1932

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	9	28	

OCCUPATION

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

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) (STATE OR COUNTRY) Maplewood Mo.

FATHER

13. NAME Courtney Peterson

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

MOTHER

15. MAIDEN NAME Alice Watson

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

17. INFORMANT Mrs. A. Peterson
(ADDRESS) 3411 Commonwealth

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cem. DATE Oct 12, 1933

19. UNDERTAKER Coughan Und. Co inc.
(ADDRESS) 7146 Manchester Ave.

20. FILED 10/11 1933 Robt J Hackmann
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10th 1933

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 12P.....m.

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

Date of onset

Scalded with hot water, 5/20 P.M. Oct.9th and taken to St.Louis County Hospital died 12 o'clock noon of following day. Taken to Dr. Brossard, Maplewood for emergency treatment, then rushed to Hospital by ambulance. Accident at 3411 Commonwealth Ave. Child pulled teakettle over on self.

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy?

(Coroner's view)

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? acct. 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

(Signed) John B. Timon M.D.

(Address) 3718 Jennings Rd

Coroner St. Louis Co. Mo.