

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Harris
City Harris No. _____

791

Registration District No. 1003
Primary Registration District No. _____

File No. 14721
Registered No. 3914
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 43627 Market St. 11 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) minor

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15 - 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 2

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

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) St. Louis

13. NAME Inf. Putman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atlantic City N.J.

15. MAIDEN NAME Lizzie Hicks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

17. INFORMANT (ADDRESS) C. J. Putman 2362 N. Market St.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Washington Post April 18 34

19. UNDERTAKER (ADDRESS) A. J. Gray 4409 Reynolds Ave.

20. FILED 19 31 Braddock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17 34

22. I HEREBY CERTIFY, that I attended deceased from April 13 1934 to April 17 1934
I last saw him alive on April 17 1934. Death is said to have occurred on the date stated above, at 6:50 A.M.

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

Anhydramia & toxemia
15 3 15 3
Other contributory causes of importance: Infantile Eczema

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____

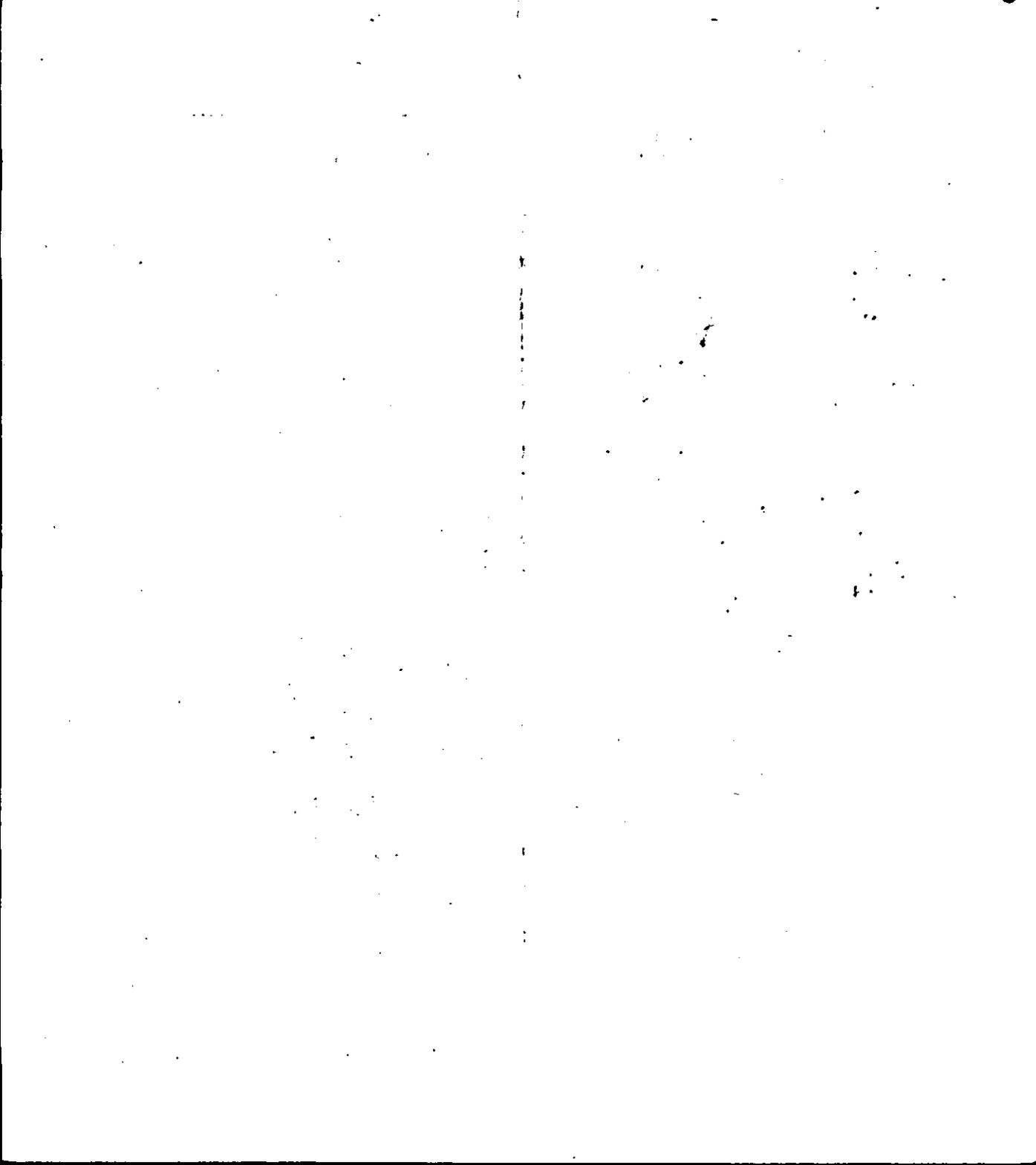
(Signed) R. W. White, M. D.

(Address) St. Mary's Infirmary

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.

MAY 25 1934



14721

3911

St Louis City

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: John Peterson

Who died at _____ on Apr 17 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex m Color or race B Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 0 Months 4 Days 2

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) Archdiocese of St. Louis

Birthplace of father (State or country) caused by eczema

Birthplace of mother (State or country) _____

Principal cause of death: _____

Other contributory causes of importance Infantile Eczema (Intense)

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician R. W. White, M.D. St. Louis's Infirmary, St. Louis, Mo

Address of physician _____

Signature of Registrar J. F. Bredeck 9-1534

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 791

Primary Reg. Dist. No. 1003

Very truly yours,

E. T. McLaugh M.D.
S. C.

Special Agent.

S-14721