

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

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**

Township **St. Louis**

Primary Registration District No. **1008**

City **St. Louis**

(No. **City Hospital**)

File No. **14788**

Registered No. **3975**

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. **3316** **St. Compton** St., **16** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **50** yrs. 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 **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mrs. [unclear]**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 21-1861**

7. AGE YEARS **72** MONTHS **9** DAYS **28** If LESS than 1 day, _____ hrs. or _____ min.

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

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) **Ireland**

13. NAME **?**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **?**

15. MAIDEN NAME **?**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **?**

17. INFORMANT **Hosp. Inf. Dept. City Hospital #1**

18. BURIAL, CREMATION, OR REMOVAL PLACE **East St. Louis** DATE **4/19** 1934

19. UNDERTAKER **Mulsh** (ADDRESS) **East St. Louis**

20. FILED **33-19** **J. Stredbeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 18** 19**34**

22. I HEREBY CERTIFY, That I attended deceased from **4/14** - 19**34**, to **4/18** 19**34**.

I last saw him alive on **4/18** 19**34** Death is said to have occurred on the date stated above, at **6:40** a.m.

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

Lung abscess
Etiology undetermined
(May be secondary to valvular prosthesis?)

Other contributory causes of importance _____

Name of operation **108** 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? _____

If so, specify _____

(Signed) **[Signature]**, M. D.
(Address) **City Hospital**



14783

3975

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: Charles Peterson
Who died at City Hosp #1 on Apr 18 - 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 W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 72 Months 9 Days 28

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.

Principal cause of death: Lung abscess
Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country): Etymology undetermined
Birthplace of father (State or country): may be secondary to
Birthplace of mother (State or country): and of lobar pneumonia

Principal cause of death: Pneumonia occurred 5 mo prior to lung abscess

Other contributory causes of importance _____
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? 10
If so, specify _____
Name of physician _____
Address of physician St Louis Mo

Signature of Registrar: J. O. Bredek 9-25-34

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. Mc Gaugh M.D.
Special Agent. g.c.

THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

LABORATORY

S-14783

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