

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis, Mo. (No.     )

Registration District No. 791  
Primary Registration District No. 1008  
Em Route City Hospital # 2

File No. 18484  
Registered No. 4962  
St.      Ward     

**2. FULL NAME** Martha Peterson

(a) Residence, No. 2016a Division St. 21 Ward.

(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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1890

7. AGE YEARS MONTHS DMS If LESS than 1 day, hrs. or min.  
44 ~~47~~ May 2

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

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) unknown 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) pulaski co. Ark

FATHER 13. NAME Frank Scott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Va.

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT Julia Moore  
(ADDRESS) 2016a Division St

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Cemetery # 24 DATE 5/19/34

19. UNDERTAKER J. J. James  
(ADDRESS) 2039 Wash St

20. FILED 114V 3.19.34 J. Bredick  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/13/1913 to 11/13/1913

I last saw h.      alive on     , 19    . Death is said

to have occurred on the date stated above, at 9:35 a.m.

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

Bronchial Pneumonia  
Acute renal Uremia

Other contributory causes of importance:

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 May 3, 1934

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) J. Bredick M. D.

(Address)     

St. Louis, Mo.

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.

JUN 19 1934

