

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.

JAN 10 1937

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

Do not use this space.

46820

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1008**
City **St. Louis** (No. **3319**, S. **7th St.**, near **St.** Ward)

2. FULL NAME

Peter Achs
(a) Residence, No. **3319 S. 7th** St., **24** Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 **Fannie Achs**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 29 1868**

7. AGE YEARS **73** MONTHS **5** DAYS **24** If LESS than 1 day, hrs. or min.

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

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) **Hungary**

13. NAME **Andrew Achs**

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

15. MAIDEN NAME **Tinnie Weinhart**

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

17. INFORMANT (ADDRESS) **Fannie Achs, 3319 S. 7th St.**

18. BURIAL, CREMATION OR REMOVAL PLACE **St. Peter's Church** DATE **12-19-36**

19. UNDERTAKER (ADDRESS) **With Bro. Lofgren, 2929 S. Jefferson Ave.**

20. FILED **Jan 24 1937** **J. J. Bredeck** Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 23 1936**

22. I HEREBY CERTIFY, That I attended deceased from **October 31st 1936**, to **Dec. 22nd 1936**. I last saw him alive on **Dec. 22nd 1936**. Death is said to have occurred on the date stated above, at **4¹⁷ p.m.**

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

Other contributory causes of importance:
exhaustion

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? **Accident** (Date of injury **9.15**, 1936)
Where did injury occur? **at home** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Fell down steps
Manner of injury **fractured dorsal vertebra**
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify

(Signed) **Walter J. Ruben**, M. D.
(Address) **1800 S. 2nd St. St. Louis**

Date of onset **Aug. 15th**

Ex W.D. Larkin

1868? S. B. Dewey