

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

Do not use this space.

2361

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No. *2216*) *Nebraska Ave* St. Ward)

File No.....
Registered No. *153*

2. FULL NAME

(a) Residence. No. *2216* *Nebraska Ave*, *3* Ward.
(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 *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 *Barbra Peters*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *April 8th 1850*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 9 27

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Park Keeper*
(b) General nature of industry, business, or establishment in which employed (or employer) *Laclede Park*
(c) Name of employer *Same*

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *La. Germany*

10. NAME OF FATHER *John P. Peters*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

12. MAIDEN NAME OF MOTHER *Not Known*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *" "*

14. INFORMANT (Address) *Mrs John P. Peters 2216 Nebraska Ave*

15. FILED *14N - 1 1924* *may 6 Stars of* REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan 4th 1924*

17. I HEREBY CERTIFY, That I attended deceased from *May 10*, 19*21*, to *Jan 4*, 19*24*, that I last saw h... (M.A.) alive on *Jan 4*, 19*24*, and that death occurred, on the date stated above, at *9 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uraemia
131 Chronic Intestine Nephritis
97
132-14 *Practically 7 yrs. - mos. ds.*
CONTRIBUTORY (SECONDARY) *Arterio Sclerosis*
development

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? *129*

DID AN OPERATION PRECEDE DEATH? *no* DATE OF.....

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Chemical Microscopic*
(Signed) *Robert Keeler*, M. D.

Jan 4, 1924 (Address) *3012 Poppy St*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL (DATE OF BURIAL) *Old St Marceus Jan 6th 1924*

20. UNDERTAKER (ADDRESS) *Karck Schmitt 3732 S. Grand St*