

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

97

1. PLACE OF DEATH

County..... Registration District No. 701 File No. 37445
 Township..... Primary Registration District No. 1003 Registered No. 10116
 City St Louis Mo St. Ward)

2. FULL NAME

(a) Residence No. 1902 Vestrehan St. Ward. 7
 (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 Annie Peity

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 8, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 26

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Watchman
 (b) General nature of industry, business, or establishment in which employed (or employer) At Arsenal
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

10. NAME OF FATHER Henry Peity

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

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT Annie Peity
 (Address) 1902 Vestrehan

15. FILE NO. DEC-8-1919 Max C Starkeoff REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 4 1919

17. I HEREBY CERTIFY, That I attended deceased from August 15, 1919, to Dec 4, 1919, that I last saw him alive on Dec 4, 1919, and that death occurred, on the date stated above, at 7:40 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of lungs
about (duration) yrs. 10 mos. 14 ds.
 CONTRIBUTORY (SECONDARY) Acute dilatation of heart (duration) yrs. 14 mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 218

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? Microscopical
 (Signed) Estomus, M. D.

175, 1919 (Address) 3517 714 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 Calvary DATE OF BURIAL Dec 6 1919

20. UNDERTAKER John Deiss ADDRESS 1307 Mallinckrodt