

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

Do not use this space. G

10691 ~~EX~~

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City St. Louis Mo (No. 4664) Pope Ave St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. **2459**

**2. FULL NAME**

Henry J. Pehr  
 (a) Residence. No. \_\_\_\_\_ St. 7 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**

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 Pearl L. Pehr

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 7<sup>th</sup> 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 3 26

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Wheat Broker  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

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

PARENTS

10. NAME OF FATHER Henry J. Pehr

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

12. MAIDEN NAME OF MOTHER Cathrine Leich

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

14. INFORMANT Mrs. Pearl L. Pehr  
 (Address) 4664 Pope Ave

15. FILED 5 1928 May 6 Starckoff  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) March 3<sup>rd</sup> 1928  
 17. \_\_\_\_\_

I HEREBY CERTIFY, That I attended deceased from February 19, 1928, to March 8, 1928, that I last saw him alive on March 3<sup>rd</sup> 1928, and that death occurred, on the date stated above, at 8 45 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

acute ulceration of stomach  
103  
117A (duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) Lobar Pneumonia  
 (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED 101 W

8 DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) W. Chopin, M. D.  
3/4, 1928 (Address) 8321 Webster

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peters DATE OF BURIAL March 6<sup>th</sup> 1928

20. UNDERTAKER Math Hermann & Son 4103 Flourant  
 ADDRESS \_\_\_\_\_

K. 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.

RECORD

