

JUN 27 1938

REC'D JUL 7 1938

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

23032
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township St. Ferdinand Primary Registration District No. 200 Registered No. 1096
 (c) City (d) Street No. Bellefontaine Rd. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Irene S. Petersen.

(a) Residence, No. Bellefontaine Rd. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 8, 1924.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
13 8 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Girl.
 9. Industry or business in which work was done, as 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) St. Louis County, 0
 (STATE OR COUNTRY) Missouri. 0

FATHER 13. NAME Charles Petersen. 0

14. BIRTHPLACE (CITY OR TOWN) St. Louis County, 0
 (STATE OR COUNTRY) Missouri. 0

MOTHER 15. MAIDEN NAME Marie Harmsmeyer.

16. BIRTHPLACE (CITY OR TOWN) St. Louis County,
 (STATE OR COUNTRY) Missouri.

17. INFORMANT Charles Petersen
 (ADDRESS) Bellefontaine rd

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Zions Cemetery DATE June 28, 1938

19. FUNERAL DIRECTOR Geo. R. Pleitach Inc
 (ADDRESS) 5946 Eastern Ave

20. FILED JUN 27 1938 W. K. Meyer M.D.P.P.
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1938

22. I HEREBY CERTIFY That I attended deceased from 19....., to 19.....
 I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 10:59 a.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 6/25/38

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis autopsy Was there an autopsy YES

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury..... 19.....
 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? no
 If so, specify.....
 (Signed) John Bonnell M. D.
 Coroner of St. Louis County, 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.

STATEMENT BY LICENSED EMBALMER

I, David C. Gibson, Licensed Embalmer No. 3454

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed D. C. Gibson

Licensed Embalmer No. 3454

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)