

REC'D FEB 10 1939

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

24
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003 Registered No. 24
(c) City St. Louis, Mo. (d) Street No. 1823a Warren Street. 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

362 Louisa Petersen,
(a) Residence, No. 1823a Warren Street. St. 26 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Christian Petersen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 14th 1899</u>		
7. AGE	YEARS <u>99</u>	MONTHS <u>5</u>
	DAYS <u>17</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housework</u>	
	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) (STATE OR COUNTRY) <u>Germany</u> <u>6</u>		
FATHER	13. NAME <u>Not known</u> <u>9</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u> <u>9</u>	
MOTHER	15. MAIDEN NAME <u>Not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
17. INFORMANT (ADDRESS) <u>Louisa Petersen</u> <u>1823a Warren Street</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peters Cem</u> DATE <u>Jan. 3rd 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Henry Leidner Und.</u> <u>1417 N. Market Street</u>		
20. FILED <u>JAN 2 1939</u> <u>J. B. Budick</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31 1938
22. I HEREBY CERTIFY, that I attended deceased from Jan 1930 1930 to Dec 31 1938
I last saw her alive on Dec 31, 1938. Death is said to have occurred on the date stated above, at 10:00 P. M.
The principal cause of death and related causes of importance were as follows:

Subacute Bronchitis Date of onset Nov 10

Other contributory causes of importance:
Myocardial heart disease (arteriosclerotic)
arteriosclerosis - senility

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

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) Frank J. Hacks, M. D.
(Address) 3500 19 Grand

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed John P. Buchholz
Licensed Embalmer No. 1674

P. O. Address 2223 So. Louis Ave

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.)

If this body is not embalmed, above space should be left blank.