

FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8795
Registrar's No. 2278

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution six days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME JOHN A PETERSON

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Marinda Peterson 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased January 2 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 2 4 _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Wholesale Jobber

11. Industry or business J. A. Peterson

MOTHER FATHER
{ 12. Name John C. Peterson
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Otto
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Marinda Peterson
(b) Address 3927 a Palm St.

17. (a) Burial (b) Date thereof March 9-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mamorial Park

18. (a) Signature of funeral director A. Fran
(b) Address 2707 North Grand Bl.

19. MAR 7 1940 (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")
(d) Street No. 3927 a Palm Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1940 hour 4 minute 42 p. M.

21. I hereby certify that I attended the deceased from Mar 31, 1940 to April 6, 1940
that I last saw him alive on Mar 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism Duration Sudden

Due to following operation for carcinoma of sigmoid 1-2 yrs
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations carcinoma of sigmoid
lung metastases of liver
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. Barden (M. D. or other) _____
Address 3155 N. Vandeventer Ave Date signed 3-7-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Paul F. Kavelaury

Licensed Embalmer No. 2631

P. O. Address 2707 N. Grand

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.