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No. 2
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FILED JUN 15 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16553**
Registrar's No. **4031**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months
(Specify whether
In this community 4 Years
years, months or days)

3. (a) PRINT FULL NAME Jervey Peterson **362**

3. (b) If veteran, name war No 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife RAYMOND 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased MAX ? 1891
(Month) (Day) (Year)

8. AGE: Years 49 Months 3 Days ? If less than one day _____ hr. _____ min.

9. Birthplace UNKNOWN WISCONSIN
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business _____

MOTHER FATHER
12. Name CHARLES AMOROSA
13. Birthplace UNKNOWN FRANCE
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Bender
(b) Address 2331 MULLENBACH

17. (a) BURIAL (b) Date thereof 5-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen Kelly
(b) Address 1446 N. TAYLOR AVE

19. (a) MAY 6 1940 (b) _____
(Date received local registrar) (City, town, or county)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST LOUIS 25
(If outside city or town limits, write "RURAL")
(d) Street No. 414 1/2 MARKET ST
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1940 hour 2 minute 20 A. M.

21. I hereby certify that I attended the deceased from March 1, 1940, 19____, to April 30, 1940;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cervix Carcinoma

Due to _____
Due to _____

Other conditions Colostomy
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Same

Duration _____
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 [Signature] (M., D. or other) _____
Address 1515 Iolavette Date signed 4/30/40

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 _____

myself

Registered Apprentice No. _____

working under my personal supervision

City license #180

Signed

Raymond E. Gehrke

Licensed Embalmer No. *3985*

P. O. Address *St. Louis, Mo*

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.