

S. No. 2
-11-10-39
5-17-39
I X21429

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19570

State File No. _____

JUN 10 1940 784

Primary Registration District No. 200

Registrar's No. 973

1. PLACE OF DEATH:

(a) County. St. Louis
(b) City or town. Riversview
(c) Name of hospital or institution: 325 Midridge blv
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 5 months (Specify whether years, months or days) 5 1 2

3. (a) PRINT FULL NAME ALFRED E. PETERSON

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

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

6. (b) Name of husband or wife Mathilda Peterson 6. (c) Age of husband or wife if alive 31 years (Month) July (Day) 1869 (Year)

8. AGE: Years 70 Months 9 Days 17 If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Peter Olson

13. Birthplace Sweden (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Carl Frank Peterson

(b) Address 2221 Wallis-Overland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-40 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Blumhagen Brothers

(b) Address 2504 Woodson Rd - Overland Park

19. (a) MAY 20 1940 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Riversview (If outside city or town, write "RURAL")
(d) Street No. 325 Midridge blv (If rural, give location)
(e) If foreign born, how long in U. S. A.? 52 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1940 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 10 1940 to May 17 1940, that I last saw him alive on May 16 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia meningitis Duration 2 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

707 (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 2221 Wallis-Overland Date signed 5/18/40

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

6

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.