

No. 2  
4-12-40  
5-17-39  
X-2159

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **40012**  
Registrar's No. **33**

DEC 11 1940  
Registration District No. **881**

Primary Registration District No. **4534**

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

1. PLACE OF DEATH:  
(a) County **Warren**  
(b) City or town **Warrenton**  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community **four years**  
years, months or days **2**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Warren**  
(c) City or town **Warrenton**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **45** years.

3. (a) PRINT FULL NAME **Helmuth M. Pedersen**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. **494-10-8549**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Nov.** day **18** year **1940** hour **6** minute **15 P.** M.  
21. I hereby certify that I attended the deceased from **2-25**, 19**39**, to **11-18**, 19**40**  
that I last saw him alive on **11-18**, 19**40**  
and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
(b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death **Myocardial failure** Duration **11.17.40**  
Due to **Chr. Myocarditis**  
**Diabetes mellitus**  
Due to \_\_\_\_\_  
Other conditions **54**  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

7. Birth date of deceased **April 23, 1890**  
(Month) (Day) (Year)

8. AGE: Years **50** Months **6** Days **25** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Copenhagen, Denmark**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Supt. Binkley Mfg. Co.**  
11. Industry or business **Metal Products**

12. Name **Christian Pedersen**  
13. Birthplace **Denmark**  
(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 **Mrs. Mary Pedersen**  
(b) Address **Warrenton, Mo.**

17. (a) **Cremation** (b) Date thereof **Nov. 21, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: **Valhalla, St. Louis**  
(Burial or cremation)

18. (a) Signature of funeral director **J. W. Nieburg & Son**  
(b) Address **Warrenton, Mo.**

19. (a) **Nov 27, 1940** (b) **A. W. Entling**  
(Data received local registrar) (Registrar's signature)

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?  
**802** (Specify type of place)  
While at work? \_\_\_\_\_ (e) Cause of injury \_\_\_\_\_  
23. Signature **J. H. Walker**  
Address **Warrenton, Mo.** Date signed **11.20.40**

MAR 7 1949

**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, \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed John J. Zieburg  
Licensed Embalmer No. 3897  
P. O. Address Warrenton, 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, fact should be so stated above.