No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12068

State File No. 6

FILED APR 9 1941

Registration District No. 784 — Primary Registration District No. 111 — Registrar's No. 729

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 4

(a) State Missouri (b) County Audrain 1

(c) City or town Mexico (If outside city or town limits, write "RURAL") 2

(d) Street No. 214 E. Liberty St (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Albert W. Peterson

3. (b) If veteran, name war World War

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Carrie Peterson

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March 12 1891 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
50		21	hr. min.

9. Birthplace Mexico, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Coal Merchant

11. Industry or business

FATHER
12. Name Charlie W. Peterson
13. Birthplace Sweden 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Smith
15. Birthplace Callaway County, Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Carrie Peterson

(b) Address Mexico, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 4, 41 (Month) (Day) (Year)

(c) Place: burial or cremation Mexico. Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) APR 2 1941 (Date received local registrar) (b) T R Meyer MD & RH (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1941 hour 7 minute 45 A M.

21. I hereby certify that I attended the deceased from Aug 26, 1940, to April 1, 1941; that I last saw him alive on April 1, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Pharynx with metastasis to neck.

Due to

Due to 45 A

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

(e) Means of injury

While at work? 707 1

23. Signature W E Leighton (M. D. or other) 0

Address 3720 Washington Blvd St Louis Mo Date signed 4/2/41

(Licensed Embalmer's Statement on Reverse Side)

AUG 31 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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. Wm Dinkle

Licensed Embalmer No. 3653

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.