

No. 2
4-13-40
-17-39
X2315

APR 9 1941
Registration District No. _____

Primary Registration District No. 117

Registrar's No. 602

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
400 S Gray Ave
(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

3. (a) PRINT FULL NAME Marjorie A Petersen

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

4. Sex Female race White 5. Color or race _____
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Arthur W Petersen 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 11 1896
(Month) (Day) (Year)

8. AGE: Years 44 Months 10 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Louis E Melick
13. Birthplace Nebraska
(City, town, or county) (State or foreign country)
14. Maiden name Nellie Townsend
15. Birthplace Nebraska
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur W Petersen
(b) Address 400 S Gray Ave Webster Gr.

17. (a) Burial (b) Date thereof 3-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Louis H 11770
(b) Address 131 W Argonne Dr Kirkwood Mo.

19. (a) MAR 19 1941 (b) 70 [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 400 S Gray Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1941 hour 5 minute 30 M.

21. I hereby certify that I attended the deceased from April 1938 to March 18, 1941
that I last saw her alive on 3-14, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation Duration ?

Due to Arteriosclerosis + Hypertension 3 years

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Valves of heart fibrosed cloud - Tuberculosis of lungs. Cancer Uterus

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 Carl Brand (M. D. or other) _____
Address Webster Groves Mo Date signed 3/18/41

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

16
7
4

MOTHER FATHER

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.....

Torris H Bopp

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

working under my personal supervision.

Signed.....

Torris H Bopp

Licensed Embalmer No. *921*

P. O. Address.....

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.