

No. 2
4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED OCT 18 1941
794

STANDARD CERTIFICATE OF DEATH
1003

State File No. 29899
Registrar's No. 7238

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips Hospital ()
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days (Specify whether
In this community 16 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis 21 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1910 O'Fallon 9
(If rural, give location)
(e) Citizen of foreign country? () (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1
year 1941 hour 10:30 minute _____ P. M.
21. I hereby certify that I attended the deceased from
August 17 41 to Sept 1 1941
that I last saw him alive on Sept 1 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Renal Disease
Duration Unknown

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 10/21/41
Of autopsy 95
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)
While at work? _____ (e) Means of injury _____
23. Signature J. W. Johnson (M. D. or other) ()
Address 2601 N Whittier Date signed _____

3. (a) PRINT FULL NAME John Peterson

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

4. Sex male 5. Color or race col
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Eliza Peterson
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased March 13 1949
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 13
If less than one day _____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business _____

12. Name Frank Peterson

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

14. Maiden name Cora

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

16. (a) Informant Bob Peterson

(b) Address 1910 O'Fallon St

17. (a) Burial (b) Date thereof 9-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Peter's Cem

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St

19. (a) SEP 7 1941 (b) J. Bredbeck
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

9-4-41

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

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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 L. Boyer
....., Registered Apprentice No. Jay
working under my personal supervision.

Signed Lonnie Boyer
Licensed Embalmer No. 29
P. O. Address St. Louis

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.