

No. 2
1-4-41
5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

30300
State File No. _____
Registrar's No. 7639

FILED 797 18 1941

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: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 1 Yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 1341 S. Broadway
(If rural, give location)
(e) 40 Yrs in U.S. (Yes or No)
Attending Physician

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20
year 1941 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
and that death occurred on the date and hour stated above.

Examination of Skull. Subdural
hemorrhage of Brain
when struck by a Truck
Driven by one Cornell
Division in front of 1123 So
Broadway about 9:30
Sept. 20-1941

Other conditions (include pregnancy within 3 months of death) _____
Major findings: 170
Of operations _____
Of autopsy 21

PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Henry C Peterson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 11 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Unknown

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

14. Maiden name _____ (City, town, or county) (State or foreign country)

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

16. (a) Informant Rev. W.H. Ellwanger (Pastor)

(b) Address 915 S. 4th. St.

17. (a) Burial (b) Date thereof Sent. 22 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia

18. (a) Signature of funeral director Concordia Funeral Home
(b) Address 1936 St. Louis Ave

19. (a) SEP 23 1941 (b) J. T. Budeck
(Date of production) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accidents
(b) Date of occurrence Sept 20, 1941
(c) Where did injury occur? St. Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place (Specify type of place)
While at work? _____ Means of injury 3

23. Signature Alfred Terry (M. D. or other) _____
Address St. Louis Mo Date signed 9/24/41

(Licensed Embalmer's Statement on Reverse Side)

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

15
00
19
9

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

No embalming - direct from morgue to cemetery

Registered Apprentice No.

working under my personal supervision.

Signed

[Handwritten Signature]

Licensed Embalmer No.

3737

P. O. Address

1936 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.