

FILED AUG 6 1947 91

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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

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:
St. Lukes Hospt.
(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:

(a) State..... Missouri (b) County..... St. Louis ⁹⁶

(c) City or town..... St. Louis Tipton, Mo.
(If outside city or town limits, write "RURAL") ^{OKR}

(d) Street No.....
(If rural, give location)

(e) Citizen of foreign country?..... NO (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME..... Infant Beterson

3. (b) If veteran, name war..... no

3. (c) Social Security No..... none

4. Sex..... Female 5. Color or race..... White

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

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

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

7. Birth date of deceased..... July 20 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>7</u> hr. <u>3</u> min.

9. Birthplace..... St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation..... Child

11. Industry or business.....

12. Name..... Arthur Peterson

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

14. Maiden name..... Ruth Ferguson

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

16. (a) Informant..... Mrs. Claude Ferguson

(b) Address..... Tipton, Missouri

17. (a) Burial (b) Date thereof..... 7/28/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Tipton, Missouri

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

(b) Address..... 4700 Washington Ave.

19. (a) JUL 27 1942 (b) J. D. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... July day..... 20
year..... 1942 hour..... X 4 minute..... 35P M.

21. I hereby certify that I attended the deceased from..... July 20
..... 1942 to..... July 20..... 1942
that I last saw her alive on..... July 20..... 1942
and that death occurred on the date and hour stated above.

Immediate cause of death..... Prematurity

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:

Of operations.....

Of autopsy.....

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)

(c) Means of injury.....

23. Signature..... Richard Pedlow (M. D. or other)

Address..... 4500 Olive St Date signed..... 7/25/42

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. S. Sullivan

Licensed Embalmer No. *1122*

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.