

FILED OCT 28 1942

Registration District No. 318

Primary Registration District No. 1003

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:
Missouri Baptist Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... **Missouri** (b) County.....
 (c) City or town..... **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **4446 Laclede Ave.**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Diana Marie Peterson**
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **10** day **20** year **1942** hour..... minute..... M.
 21. I hereby certify that I attended the deceased from **Sept 11** 19**42** to **10 20** 19**42**
 that I last saw her alive on **10-19** 19**42** and that death occurred on the date and hour stated above.

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 **Sept 11 1942**
 (Month) (Day) (Year)

Immediate cause of death: **Pneumonia with Hydrocephalus**
 Due to..... **None Known**
 Due to..... **159**

8. AGE: Years Months Days If less than one day
1 9
 hr. min.

Other conditions.....
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....

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 **Minneapolis Minn**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Betty Jane Bidleman**
 15. Birthplace **Glendive Montana**
 (City, town, or county) (State or foreign country)

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.....

16. (a) Informant **Arthur Peterson**
 (b) Address **4446 Laclede Ave.**
 17. (a) **Cremation** (b) Date thereof **10-20-42**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Valhalla Crematory**
 18. (a) Signature of funeral director **Albert H. Hoppe Inc.**
 (b) Address **4700 Washington Blvd.**
 19. (a) **OCT 20 1942** (b) **J. F. Beedick**
 (Date received local registrar) (Registrar's signature)

23. Signature **J. F. Beedick** (M.D. or other)
 Address **596 North Taylor** Date signed **10-20-42**

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

MOTHER FATHER

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

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 W. E. Embalmer.....

Licensed Embalmer No.....

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.