. S. No. 2
DM—5-42
5-17-39
X32875

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1943

Registration District No. 18

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8670

Registrar's No. 2456

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: 3411a Klein St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3411a Klein St.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Andrew J. Peterson

3. (b) If veteran, name war None

(c) Social Security No. 499-01-2896

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bessie M. Peterson nee Barnhart

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased January 23, 1877 (Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 20 If less than one day hr. min.

9. Birthplace Rolla (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Alexander Peterson
13. Birthplace Akron (City, town, or county) Ohio / (State or foreign country)

MOTHER
14. Maiden name Drisorella Troxal
15. Birthplace Unknown (City, town, or county) Va. / (State or foreign country)

16. (a) Informant Mrs Bessie M. Peterson

(b) Address 3411a Klein St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/43 (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAR 1 – (Date received local registrar) (b) J. F. Sudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th year 1943 hour 9:30 PM minute M.

21. I hereby certify that I attended the deceased from 3-13- 19.43 to 3-13 19.43 that I last saw him alive on 3-13 19.43 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina pectoris	few minutes
Due to Chronic myocarditis	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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. C. Crearie (M. D. or other)

Address 2504 N. 14th St Date signed 3-15-43

(Licensed Embalmer's Statement on Reverse Side)

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 William G. Buchholz

Licensed Embalmer No. 2110

P. O. Address St. Louis, Mo.

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.