S. No. 2
M—5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19921

FILED JUL 13 19[illegible]

Registration District No. 218 Primary Registration District No. 1003 Registrar's No. 6056

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: 3919 CALIFORNIA AV. /
(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 17

(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3919 CALIFORNIA AV.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM JOHN PETERSEN.

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

3. (c) Social Security No. 497-03-3585

4. Sex MALE

5. Color or race WHITE

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

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

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased JANUARY (Month) 12 (Day) 1892 (Year)

8. AGE: Years 51 Months 5 Days 19 If less than one day hr. min.

9. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

10. Usual occupation CHAUFFEUR.

11. Industry or business

FATHER
12. Name WILHELM PETERSEN
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name MATHILDA UNKNOWN
15. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs Dorothy Petersen
(b) Address 3919 California av

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof JULY (Month) 3 (Day) 1943 (Year)
(c) Place: burial or cremation MO. CREMATORY,

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette av.

19. (a) [illegible] (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1943 hour 7 minute 15 p.M.

21. I hereby certify that I attended the deceased from Aug 1936, to July 1, 1943 that I last saw him alive on June 30, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
aortic regurgitation	5 yrs
Mitral regurgitation	5 yrs
Due to	
osteo arthritis	8 yrs
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 Max Starkloff (M.D. or other) MD
Address 512 Dam Pl Date signed 7/2/43

894.

(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 Jas B Vollmer

Licensed Embalmer No. 4014

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.