

S. No. 2
FORM-2-43
5-17-39
1 X3589

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19922

ED JUL 8 1943 318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 5817

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Alexian Brothers 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 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. 4428 Oleatha Street.,
(If rural, give location)

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

3. (a) PRINT FULL NAME Walter Lloyd Peterson

3. (b) If veteran, name war None

3. (c) Social Security No. 490-09-643

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Rose Lee Peterson

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased June 20 1899
(Month) (Day) (Year)

8. AGE: Years 44 Months 0 Days 4 If less than one day hr. min.

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

10. Usual occupation Carpenter's assistant

11. Industry or business Amertorp Torpedo Plant

12. Name Peter Peterson

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

14. Maiden name Elizabeth Robson

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

16. (a) Informant Rose Lee Peterson

(b) Address 4428 Oleatha Street.,

17. (a) Burial (b) Date thereof 6/25/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson City, Mo

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

(b) Address 4700 Washington Blvd.,

19. (a) JUN 25 1943 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1943 hour 9 minute 15 P. M.

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

Immediate cause of death Pulmonary Embolism, fracture of right foot and left tibia, when he fell from a ladder while working at the Amertorp Corporation 3200 So. Kangaroo road St. Louis about 9:45 AM. June 7 1943

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) Accident

(b) Date of occurrence June 7 1943

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industry

While at work? Yes (Specify type of place) Ladder Means of injury

23. Signature Alfred J. Perry (M. D. or other)

Address Deputy L. Gardner Date signed 6/25/43

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

FEB 3 1945

JUL 8 - 1945

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.....

Licensed Embalmer No..... 4200

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.