

FILED OCT 27 1943

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:  
5441 Blow St.  
(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 Mo. (b) County \_\_\_\_\_

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

(d) Street No. 5441 Blow St.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Theodore C. Petersen

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Olga Petersen 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 19th 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 7 24 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Copenhagen Denmark  
(City, town, or county) (State or foreign country)

10. Usual occupation Mill work planing mill

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Larz Petersen

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Olga Petersen

(b) Address 5441 Blow St.

17. (a) Burial (b) Date thereof 10-15-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) OCT 15 1943 (b) J. J. Budeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13th  
year 1943 hour 5:28 minute A. M.

21. I hereby certify that I attended the deceased from Oct 3 1943 to Oct 13 1943  
that I last saw him in alive on Oct 12 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to Arteriosclerosis

Due to Hypertension

Other conditions (include pregnancy within 3 months of death) 83

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration 209

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature H. H. H. H. H. (M. D. or other) \_\_\_\_\_

Address 68119 Garrison Date signed 10/14/43

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

**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 *Edwin D. Mc Dermott*

Licensed Embalmer No. *3024*

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.**