

FILED NOV 30 1944

318

1003

36294

State File No.

Registration District No. Primary Registration District No. Registrar's No. 9949

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:
Park Lane Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 1 week
(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. 4204 DeSoto Ave
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Esther O. Peterson
 3. (b) If veteran, name war.....
 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21,
 year 1944 hour 8:55 AM minute..... M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife William A. Peterson 6. (c) Age of husband or wife if alive..... 64 years
 7. Birth date of deceased February 11, 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 12, 1944 to Nov. 21, 1944;
 that I last saw him alive on Nov 21, 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
63 9 10 hr. min.

Immediate cause of death
apoplexy
right side
 Due to.....
 Due to.....
 Other conditions.....
(Includes pregnancy within 3 months of death)

9. Birthplace Racine Wisconsin
(City, town, or county) (State or foreign country)
 10. Usual occupation At home

PHYSICIAN
 Major findings:
 Of operations.....
 Of autopsy.....
 Underline the cause to which death should be charged statistically.

11. Industry or business.....
 12. Name Frederick W. Haas
 13. Birthplace Unknown France
(City, town, or county) (State or foreign country)
 14. Maiden name Allice Breley
 15. Birthplace Unknown England
(City, town, or county) (State or foreign country)

16. (a) Informant William A. Peterson
 (b) Address 4204 DeSoto Ave
 17. (a) Burial (b) Date thereof 11/24/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Friedens Cemetery

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.....

18. (a) Signature of funeral director Math Hermann & Son
2161 East Fair Ave
 (b) Address.....
 19. (a) NOV 23 1944 (b) J. F. Beedeck
(Date received local registrar) (Registrar's signature)

23. Signature J. F. Beedeck (M. D. or other).....
 Address 4204 DeSoto Ave Date signed 11/24/44

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..... *W. Ford T. Burnley*

Licensed Embalmer No. *4202*

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.