

FILED JAN 15 1945

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10996

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community 11 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2724 Greer Ave
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

William C. Peterson

3. (b) If veteran, name war None

3. (c) Social Security No. 702-12-6111

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Agnes C. Peterson nee McCarthy 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased February 4, 1886
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 18 If less than one day hr. min.

9. Birthplace Chicago Ills. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Asst. Supt. T.R.R.A.

11. Industry or business

12. Name Otto F. Peterson

13. Birthplace Unknown Sweden 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Sweden 4
(City, town, or county) (State or foreign country)

16. (a) Informant Carl W. Peterson

(b) Address 2724 Greer Ave

17. (a) Burial (b) Date thereof 12/26/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director: Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) DEC 26 1944 (b) J. Z. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22
year 1944 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec. 18
1944 to Dec. 22, 1944
that I last saw him alive on Dec. 22, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure Duration 4 days

Due to Arteriosclerotic Heart disease
= left Hemiplegia

Due to

Other conditions 93
(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?
While at work: (Specify type of place) (e) Means of injury -

23. Signature J. Z. Brudeck (M.D. or other) MD
Address 2724 Greer Ave Date signed 12 27 44

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 *Harold G Burnley*.....

Licensed Embalmer No. *4208*.....

P. O. Address *Spocan 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.