. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39699

FILED DEC 27 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10743

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:
5904 Cates Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution St. Louis 4 years, (Specify whether
In this community U.S.A. - 20 years
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. 5904 Cates Avenue.
(If rural, give location)

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

If yes, name country Sweden

3. (a) PRINT FULL NAME Hilma Peterson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Fred Peterson

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

7. Birth date of deceased February 16, 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	10	0	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Alvis Olson
13. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Kesa
15. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

16. (a) Informant J. E. Peterson
(b) Address 5904 Cates Avenue

17. (a) Burial (b) Date thereof 12/18/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Avenue.

19. (a) DEC 17 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16, 1944
year 2 hour 45 minute A M.

21. I hereby certify that I attended the deceased from 9-9-41
, 19 , to 12-16 , 1944;
that I last saw her alive on 12-15 , 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia both lungs	5 days
Due to Apoplexy	3 yrs.
Due to Hypertension essential	
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 [signature] (M. D. ~~or other~~)
Address 607 N. Grand Date signed 12-16-44

(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 John Ogonoski

Licensed Embalmer No. 2398

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.