

FILED MAY 31 1946

Registration District No.

Primary Registration District No.

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:
Missouri Pacific 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)

3. (a) PRINT FULL NAME Nels Peter Peterson

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

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

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

7. Birth date of deceased September 25 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 7 11 hr. min.

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

10. Usual occupation Railroad Engineer

11. Industry or business Missouri Pacific R.R.

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Grace Luna

(b) Address Atchison, Kansas

17. (a) Removal (b) Date thereof 5-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Atchison, Kansas

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

(b) Address 4700 Washington Blvd.

19. (a) MAY 7 1946 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Atchison
(c) City or town..... Atchison
(If outside city or town limits, write "RURAL")
(d) Street No. 1624 Main St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1946 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from
April 9, 1946, to May 6, 1946
that I last saw him alive on May 6, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac failure Duration 2 da.

Due to Degenerative heart disease 2 mo. +
Diabetes mellitus 2 mo. +

Due to.....

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?

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

23. Signature Jane R. Blamont (M. D. or other) M.D.

Address Mo. Pacific Hosp. Date signed 5-6-46

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

17660

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 Elmo R. Padwell
Licensed Embalmer No. 4077

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.