

No. 2
1-4-41
3-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 21 1946

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
Registration District No. **318** Primary Registration District No. **1003**

35493
State File No. _____
Registrar's No. **8628**

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

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:
4118 Rush Place
(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 **Frederick Petersen**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **No**

4. Sex **Male** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Lydia Petersen**
6. (c) Age of husband or wife if alive **71** years
7. Birth date of deceased **June 27, 1873**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	3	9	_____ hr. _____ min.

9. Birthplace **St. Louis**
(City, town, or county) (State or foreign country)
10. Usual occupation **Upholsterer**

11. Industry or business _____
12. Name **Wm. Petersen**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lydia Petersen**
(b) Address **4118 Rush Place**
17. (a) Burial **(b) Date thereof** **Oct. 9, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lakewood Park Cemetery**
(a) Signature of funeral director **Paschedag-Henke Fun. Home**
(b) Address **2825 N. Grand Blvd.**
OCT 6 1946 **J. F. Breneck**
(a) (Date received local registrar) **(b) (Registrar's signature)**

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. **4118 Rush Place**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct. 6,** day _____
year **1946** hour **7** minute **05 P.M.**

21. I hereby certify that I attended the deceased from **Oct. 1** 19**46** to **Oct. 5** 19**46**
that I last saw him alive on **Oct. 5** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
Due to _____

Due to **Arterio-sclerotic**
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations **None**
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? **Home** (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 **R. J. Rigler** (M. D. or other) _____
Address **4158 Brentwood** Date signed **10/8/46**

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. W. Wilkinson*.....
Licensed Embalmer No..... *3575*.....
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.