DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 41779

Registration District No. 310 Primary Registration District No. 3-05-8-6051 Registrar's No. 199

**1. PLACE OF DEATH:**

(a) County ST. CHARLES

(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: EVANGELICAL EMMAUS HOME 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 YRS 8 MOS. (Specify whether
In this community
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State ILLINOIS (b) County MONTGOMERY

(c) City or town NOKOMIS
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country

**3. (a) PRINT FULL NAME** MARY AMELIA PETERSON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased JANUARY (Month) 12, (Day) 1885 (Year)

**8. AGE:** Years 61 Months 11 Days 11 If less than one day hr. min.

9. Birthplace NOKOMIS (City, town, or county) ILLINOIS 1 (State or foreign country)

10. Usual occupation NONE

11. Industry or business NONE

FATHER
12. Name JACOB PETERSON
13. Birthplace (City, town, or county) GERMANY 4 (State or foreign country)

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

16. (a) Informant Theophil Stoerker

(b) Address EMMAUS HOME, ST. CHARLES, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1946 (Month) (Day) (Year)

(c) Place: burial or cremation NOKOMIS Ill

18. (a) Signature of funeral director Hackman-Bane

(b) Address 326 N. 6th St St Charles Mo

19. (a) 1/6/46 (Date received local registrar) (b) Nannie Hamilton (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month DECEMBER day 23 year 1946 hour 8.00 minute A. M.

21. I hereby certify that I attended the deceased from Dec 22nd, 1946, to Dec 23rd, 1946, that I last saw her alive on Dec 22nd, 1946, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Status Epilepticus | 24 hrs |
| Due to: | |
| Due to: Gen Arteriosclerosis | 10 yrs |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations ✓
Of autopsy ✓

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**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 A. P. Erich Schulz M.D. (M. D. or other)

Address St Charles Mo Date signed 12/23/46

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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number JAN 14 1947
Date Filed

## 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.....Arthur C. Bane.....

Licensed Embalmer No.....3155.....

P. O. Address.....St. Charles Mo.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**