. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1948

Registration District No. 2

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 3553

Registrar's No. 209

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

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town Rural. Bonhomme Twshp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Oak Street Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 69 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis, 96
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Oak Street Road.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Samuel Peterson,
3. (b) If veteran, name war none
3. (c) Social Security No. 486-32-2293
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Schmidt Peterson,
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased May (Month) 2, (Day) 1878 (Year)

8. AGE: Years 69 Months 8 Days 18 If less than one day hr. min.

9. Birthplace St. Louis County, (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Laborer
11. Industry or business Art Building Contractor,
FATHER
12. Name Peter Peterson,
13. Birthplace Sweden (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name Susan Herzig,
15. Birthplace St. Louis County, (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant Mrs. Emma Peterson,
(b) Address Glencoe, Mo. R #1.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Cem. Ballwin, Mo.
18. (a) Signature of funeral director Schrader Funeral Home,
(b) Address Ballwin, Mo.
19. (a) 1-23-48 (Date received local registrar) (b) Cecil Shafer M.D. (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 20, year 1948 hour 7 minute 30 A. M.
21. I hereby certify that I attended the deceased from June 23, 1947, to Jan 20, 1948, that I last saw him alive on Jan 12, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to Chronic Myocarditis	
Due to 93d	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 0
23. Signature Henry F. Scott (M. D. or other) M.D.
Address Ballwin Mo Date signed Jan 23-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

FEB 20 1948

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 Richard M. Bagge, Registered Apprentice No. 23, working under my personal supervision.

Signed Geo. Schrader

Licensed Embalmer No. B 3066

P. O. Address Ballwin, 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.