

FILED MAR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6555

State File No. 1987

#91443

318

1003

Registrar's No. 1987

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 6555		Registrar's No. 1987												
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis																
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri.			c. LENGTH OF STAY (In this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			17 9											
d. FULL NAME OF HOSPITAL OR INSTITUTION: U St. Louis City Hospital #1.				d. STREET ADDRESS (If rural, give location) unknown						D										
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) PETERSON c. (Last)				4. DATE OF DEATH (Month) (Day) (Year) February 25, 1949																
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Sept. 19th 1873		9. AGE (In years last birthday) 75		<table border="1"> <tr> <td># UNDER 1 YEAR</td> <td># UNDER 1 YEAR</td> <td># UNDER 1 YEAR</td> </tr> <tr> <td>Months</td> <td>Days</td> <td>Hours</td> </tr> <tr> <td></td> <td></td> <td>Min.</td> </tr> </table>		# UNDER 1 YEAR	# UNDER 1 YEAR	# UNDER 1 YEAR	Months	Days	Hours			Min.
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Months	Days	Hours																		
		Min.																		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) odd jobs			10b. KIND OF BUSINESS OR INDUSTRY unknown			11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A												
13a. FATHER'S NAME William Peterson				13b. MOTHER'S MAIDEN NAME Mary Unknown				14. NAME OF HUSBAND OR WIFE												
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown				16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME MARGARET-KELLY ADDRESS 2331 MULLANPHY														
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 107. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1191X								INTERVAL BETWEEN ONSET AND DEATH 3 weeks										
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>										
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)															
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?															
22. I hereby certify that I attended the deceased from 11/3/48 , 19___, to 2/24/49 , 19___, that I last saw the deceased alive on 2/24/49 , 19___, and that death occurred at 8:50PM. , from the causes and on the date stated above.																				
23a. SIGNATURE Jae H. Harwin (Degree or title) M.D.				23b. ADDRESS 1515 Lafayette Ave.,				23c. DATE SIGNED 2/25/49												
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH-2-49		24c. NAME OF CEMETERY OR CREMATORY CALHUN		24d. LOCATION (City, town, or county) (State) ST LOUIS MO														
DATE REC'D BY LOCAL REG. MAR 2 1949		REGISTRAR'S SIGNATURE J. B. Foster				25. FUNERAL DIRECTOR'S SIGNATURE Margaret-Kelly ADDRESS 4386 Lindell														

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

..... Student Embalmer No.

working under my personal supervision.

Signed Ralph W Henson

Signed
Student Embalmer

Licensed Embalmer No. 3791

P. O. Address St. Louis, 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.