

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10930

State File No.

96
104

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 515

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kirkwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>620 W. Big Bend Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>620 W. Big Bend Rd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Heinrich</u>		b. (Middle) <u>Hans</u>	
c. (Last) <u>Petersen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 2 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 27, 1879</u>
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Floral</u>	11. BIRTHPLACE (State or foreign country) <u>Copenhagen Denmark</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Hans Petersen</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Sarah Petersen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Sarah Petersen, Kirkwood, Mo.</u>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho, pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Chronic Asthma</u>	
DUE TO (c) <u>Penicillin inhalation</u>			
II. OTHER SIGNIFICANT CONDITIONS		<u>491X</u>	
Conditions contributing to the death but not related to the disease or condition causing death.			
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 <u>Feb. 22, 1949</u> , to <u>March 2, 1949</u> , that I last saw the deceased alive on <u>March 1, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. S. Keith</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Kirkwood Mo.</u>	
23c. DATE SIGNED <u>3/3/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/4/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood 22, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-3-49</u>		REGISTRAR'S SIGNATURE <u>Thurman L. Lunge</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Bopp, Inc. Kirkwood, Mo.</u>		ADDRESS	

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

JAN 6 1954

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 _____

Felix Hernandez

Signed _____

Student Embalmer

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22 W

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.