

FILED JUN 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16578**
 BIRTH NO. _____ REG. DIST. NO. **198** PRIMARY REG. DIST. NO. **5719** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Illinois b. COUNTY Cook	
b. CITY (If outside corporate limits, write RURAL and give township) Bevier Rural		c. CITY (If outside corporate limits, write RURAL and give township) Chicago	
c. LENGTH OF STAY (in this place) 3 months		d. STREET ADDRESS (If rural, give location) 4152 Greenview	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) Carl	b. (Middle) Perry	c. (Last) Peterson	5-17-49			

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-23-1904	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.		
			44			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bottler (Coca Cola)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Streator Ill	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Arthur Peterson	13b. MOTHER'S MAIDEN NAME Lucy Raegide	14. NAME OF HUSBAND OR WIFE Agnes Peterson
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15. WAS DECEASED EVER, IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 324-09-4063	17. INFORMANT'S SIGNATURE OR NAME Chicago	ADDRESS 4152 Greenview
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH See top
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS 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 checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 6**, 1949, to **May 17**, 1949, that I last saw the deceased alive on **May 6**, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Howard Miller MD	23b. ADDRESS Macon	23c. DATE SIGNED 5/17/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-18-49	24c. NAME OF CEMETERY OR CREMATORY Chicago	24d. LOCATION (City, town, or county) (State) Chicago Illinois
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DATE REC'D BY LOCAL REG. 5-18-49	REGISTRAR'S SIGNATURE Josephine King	3990	25. FUNERAL DIRECTOR'S SIGNATURE Henry S. Edwards	ADDRESS Bevier, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

613

JUN 7 1949

RECEIVED

District Health Officer No. 10

District File Number 6-499

Date Filed JUN 1 - 1949

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 Henry S. Edwards

Signed _____
Student Embalmer

Licensed Embalmer No. 1961

P. O. Address Bowie, Md

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.