No. 300
10-48

FILED JUL 9 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21530

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5584

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: 999
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Alton
d. STREET ADDRESS (If rural, give location): NW - 3417 College

3. NAME OF DECEASED (Type or Print)
a. (First): Flossie
b. (Middle):
c. (Last): Peterson

4. DATE OF DEATH (Month) (Day) (Year): 6-20-1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-17-1890
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Wrights Ill
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Robert Cochra
13b. MOTHER'S MAIDEN NAME: Nacy Bell
14. NAME OF HUSBAND OR WIFE: Melvin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Melvin Peterson — ADDRESS: Alton Ill

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Brain Tumor - Malignant — INTERVAL BETWEEN ONSET AND DEATH: 2 mos

ANTECEDENT CAUSES
Morbid 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: 6-24-49
19b. MAJOR FINDINGS OF OPERATION: Brain Tumor -
20. AUTOPSY? YES ☑ NO ☐

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): 54

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 193X

22. *I hereby certify that I attended the deceased from* 6-22, 1949, *to* 6-25, 1949, *that I last saw the deceased alive on* 6-25, 1949, *and that death occurred at* 11:25 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. A. Smolik, MD
23b. ADDRESS: 3720 Washington Blvd., St. L, Mo.
23c. DATE SIGNED: 6-27-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-26-49
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Alton Ill

DATE REC'D BY LOCAL REG.: JUN 28 1949
REGISTRAR'S SIGNATURE: J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Rowland Mortuary Service, 4104 Manchester Ave.

(Licensed Embalmer's Statement on Reverse Side)

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 Wm Dalton, Student Embalmer No. 334

working under my personal supervision.

Student Wm Dalton
Student Embalmer

Signed Ronald O Yahnke

Licensed Embalmer No. 3917

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.