

FILED MAY 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13326

State File No.

Registrar's No. 12

BIRTH NO. _____ REG. DIST. NO. 228 PRIMARY REG. DIST. NO. 5808

1. PLACE OF DEATH

a. COUNTY Montgomery

b. CITY (If outside corporate limits, write RURAL and give OR TOWN Bear Creek Township) c. LENGTH OF STAY (In this place) 15 days

d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY St. Louis

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Berkeley 4001

d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print)

a. (First) Henry b. (Middle) _____ c. (Last) Peterson

4. DATE OF DEATH (Month) (Day) (Year) April 23, 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept. 27, 1877 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 73 6 26

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labourer

10b. KIND OF BUSINESS OR INDUSTRY Odd Jobs

11. BIRTHPLACE (State or foreign country) Unknown 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas Peterson 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF MARRIAGE WIFE Clara Peterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Mrs Edna Combs ADDRESS 1212 E. Lawrence, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS

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.

INTERVAL BETWEEN ONSET AND DEATH 4 DAYS

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO 4201

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 4:23, 1951, to 4:23, 1951, that I last saw the deceased alive on 4:23, 1951, and that death occurred at Lado A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. H. Van Arsdale 23b. ADDRESS Montgomery City, Mo 23c. DATE SIGNED 4-23-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE April 24, '51 24c. NAME OF CEMETERY OR CREMATORY Memorial Park 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. 4-24-51 REGISTRAR'S SIGNATURE Mrs May Miller 25. FEDERAL DIRECTOR'S SIGNATURE Schlesker Funeral Home ADDRESS Montgomery City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

700
1

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAY 2 1951

RECEIVED

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 on

this 23rd day of April 1951, Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed E. Boone Schlenker

Licensed Embalmer No. 4136

P. O. Address Montgomery, Ala.

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.