

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25114

BIRTH NO. 48663-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5750

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 town) St. Louis		c. LENGTH OF STAY (In this place) 15 hrs.	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland		424 X	
d. FULL NAME OF HOSPITAL OR INSTITUTION Evangelical Deaconess Hospital		d. STREET ADDRESS (If rural, give location) 1734 Dyer Ave. 1	
3. NAME OF DECEASED (Type or Print) a. (First) Don		b. (Middle) Walter	
c. (Last) Peterson		4. DATE OF DEATH (Month) (Day) (Year) June 25, 1951	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant - 1	8. DATE OF BIRTH June 24, 1951
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min. 15 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY NIL	11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Lorenz Franz Petersen	
13b. MOTHER'S MAIDEN NAME Marjorie Elva Faber		14. NAME OF HUSBAND OR WIFE -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -	
17. INFORMANT'S SIGNATURE OR NAME Mrs. M. Petersen		ADDRESS 1734 Dyer Ave	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Toxemia of Pregnancy 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 769.0	
22. I hereby certify that I attended the deceased from June 24, 1951, to June 25, 1951, that I last saw the deceased alive on June 24, 1951, and that death occurred at 1:25 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Cynthia K. Keen M.D.</i>		23b. ADDRESS 2632 Kingshi Skyway	
23c. DATE SIGNED 6/25/51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 6-26-1951		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery	
24d. LOCATION (City, town, or county) (State) Wellston, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Blumman 1200 Ave. 2504-42nd St. - Overland, Mo.</i>	
DATE REC'D BY LOCAL REG. JUN 26 1951		REGISTRAR'S SIGNATURE <i>J. B. Casater</i>	

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 3452

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

No Embalming

Signed David C Gibson

Licensed Embalmer No. 3454

P. O. Address Oakland, 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.