

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 21 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7813**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. CITY (If outside corporate limits, write RURAL and give township) Creve Coeur	
c. LENGTH OF STAY (In this place) 18 da		d. STREET ADDRESS (If rural, give location) Olive St Rd & Decker La	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mo Bapt Hosp			

3. NAME OF DECEASED (Type or Print) Robert Peterson			4. DATE OF DEATH (Month) (Day) (Year) Sept 1 1951		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH JUNE 21 1922	9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months 2 Days 10	IF UNDER 1 HRS. Hours 0 Min.
-----------------------	----------------------------------	--	---	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Landscape Gardner	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St Louis Mo	12. CITIZEN OF WHAT COUNTRY? USA
---	-----------------------------------	---	--

13a. FATHER'S NAME Robert Peterson	13b. MOTHER'S MAIDEN NAME Lulu. Theis	14. NAME OF HUSBAND OR WIFE Dorothy Oge Peterson
--	---	--

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.	17. INFORMANT'S SIGNATURE OR NAME Dorothy Peterson	ADDRESS Creve Coeur Mo
---	-------------------------	--	----------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) massive Coronary Emboli		
	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 9-1-51	19b. MAJOR FINDINGS OF OPERATION Acute Pancreatitis - Gangrenous Green Bladder	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 58HX
---	--	---

22. I hereby certify that I attended the deceased from **8-30, 1951**, to **9-1, 1951**, that I last saw the deceased alive on **9-1, 1951**, and that death occurred at **1:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Edwin J. Witt M.D.	(Degree or title)	23b. ADDRESS 16 Hampton Village	23c. DATE SIGNED 9-2-51
---	-------------------	---	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/3/51	24c. NAME OF CEMETERY OR CREMATORY St Monicas	24d. LOCATION (City, town, or locality) (State) Creve Coeur Mo
--	----------------------------	---	--

DATE REC'D BY LOCAL REG. SEP 4 1951	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Ortmann F Neme	ADDRESS 9222 Lackland Overland Mo
---	--	---	---

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

H. C. Ostmann

Signed.....

Student Embalmer

Licensed Embalmer No. 3478

P. O. Address.....

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.