

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3192
0422

FILED FEB 8 1952

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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 township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Ann 4070	
c. LENGTH OF STAY (In this place) 28 Days		d. STREET ADDRESS (If rural, give location) 3509 St. Luke Lane	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) Nels c. (Last) Peterson			4. DATE OF DEATH (Month) (Day) (Year) Jan 14, 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH April 4, 1886		9. AGE (In years last birthday) 65		10. MONTHS 1 11. DAYS 1 12. HOURS 1 13. MIN. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Dairyman			10b. KIND OF BUSINESS OR INDUSTRY Dairy		11. BIRTHPLACE (State or foreign country) Valley Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Nels Peterson		13b. MOTHER'S MAIDEN NAME Mary Unknown		14. NAME OF HUSBAND OR WIFE Agnes E. 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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Agnes E. Peterson, 3509 St. Luke Lane	
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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, 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) Adeno-carcinoma left Kidney		DUE TO (b) Tumor Embolus					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 Jan 22/52		19b. MAJOR FINDINGS OF OPERATION Adeno-carcinoma left Kidney				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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? 180X	

22. I hereby certify that I attended the deceased from **Dec 17, 1951**, to **Jan 14, 1952**, that I last saw the deceased alive on **Jan 14, 1952**, and that death occurred at **11:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Marlyn Schattly M.D.		23b. ADDRESS 505 Humboldt Bldg		23c. DATE SIGNED Jan 4/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-15-52		24c. NAME OF CEMETERY OR CREMATORY Valley		24d. LOCATION (City, town, or county) (State) Valley, Nebraska	
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DATE REC'D BY LOCAL REG. JAN 15 1952		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Collier's Funeral Home, 10123	
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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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Edmond R. Remelius

Licensed Embalmer No. 4283

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.