

STANDARD CERTIFICATE OF DEATH

10422
2997

State File No. _____
Registrar's No. _____

FILED APR 12 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
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. Louis 2039	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6958 Fyler Ave.		d. STREET ADDRESS (If rural, give location) 6958 Fyler Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Florence b. (Middle) c. (Last) Peterson			4. DATE OF DEATH (Month) (Day) (Year) March 30 1952
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 1, 1884
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Mehlville, Mo.
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Valentine Yochum		13b. MOTHER'S MAIDEN NAME Anna Elli	
14. NAME OF HUSBAND OR WIFE William H. Petersen		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. No		17. INFORMANT'S SIGNATURE OR NAME William H. Petersen ADDRESS 6958 Fyler 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of breast INTERVAL BETWEEN ONSET AND DEATH 6 mo ANTECEDENT CAUSES Carcinoma of breast, stroke DUE TO (b) 3 yrs. Morbidity 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 3 Apr 51		19b. MAJOR FINDINGS OF OPERATION Carcinoma of breast.	
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? 170X		22. I hereby certify that I attended the deceased from Apr 1950 to 30 Mar 1952 , that I last saw the deceased alive on 26 Mar 1952 , and that death occurred at 6:30 AM , from the causes and on the date stated above.	
23a. SIGNATURE Franklin E. Walton (Degree or title) MD		23b. ADDRESS Home, Abington, St. Louis, Mo	
23c. DATE SIGNED 30 Mar		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Apr. 2, 1952		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
24d. LOCATION (City, town, or county) (State) Affton, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE C. Hofmeister ADDRESS Colonial Mortuary 6464 Chippewa St. Louis, Mo.	
DATE REC'D BY LOCAL REG. MAR 31 1952		REGISTRAR'S SIGNATURE J. Carl Smith	

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

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Levin C. Hoffmann*

Signed.....
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.