

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10424**
Registrar's No. **2779**

APR 12 1952

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

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

1. PLACE OF DEATH a. COUNTY Missouri		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) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mercantile Com. Trust Co.		f. STREET ADDRESS (If rural, give location) 1375a Semple Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Albert c. (Last) Peterson		4. DATE OF DEATH (Month) (Day) (Year) March 24, 1952	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 20, 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bank Messenger		10b. KIND OF BUSINESS OR INDUSTRY Bank	9. AGE (In years last birthday) (Month) (Day) (Year) 68
11. BIRTHPLACE (State or foreign country) Wisconsin		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Peter G. Peterson		13b. MOTHER'S MAIDEN NAME Louise Bauer	
14. NAME OF HUSBAND OR WIFE Senie E. Peterson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W.I.	
16. SOCIAL SECURITY NO. 491-14-9737		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Senie E. Peterson 1375 a Semple 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) Internal hemorrhage following gunshot wound of left lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) falling from top of structure of building at 3612 Washington Ave exact time unknown Mar 24 1952 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		19b. MAJOR FINDINGS OF OPERATION Suicide	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) Suicide	
21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) Building		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 24 52 9 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? E976X		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:40 A m. , from the causes and on the date stated above.	
23a. SIGNATURE Patrick P. Paylor 3		23b. ADDRESS 1302 1/2 Clark	
23c. DATE SIGNED 3/24/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE March 27, 1952		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Co		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 6175 Delmar Bl	
DATE REC'D BY LOCAL REG. MAR 24 1952		REGISTRAR'S SIGNATURE Carl Smith MO	

MAY 1 1952

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 Jos. E. McCulloch

Signed.....
Student Embalmer

Licensed Embalmer No. 2460

P. O. Address 6170 Delmar

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.