.S. No. 300
EV. 10-48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33316

FILED OCT 1 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8577

#m.

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2129

d. STREET ADDRESS (If rural, give location) 5023 Washington

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Josephine c. (Last) Peterson

4. DATE OF DEATH (Month) (Day) (Year) September 8, 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 12/9/1873

9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dressmaker

10b. KIND OF BUSINESS OR INDUSTRY clothing

11. BIRTHPLACE (City and State or Foreign Country) Kandiyohi County, Minn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Gustav Peterson

13b. MOTHER'S MAIDEN NAME Mathilda Erickson

14. NAME OF HUSBAND OR WIFE Never married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Medical Record ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHOPNEUMONIA

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) hemorrhagic pancreatitis (supp. report)

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

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-29, 1952, *to* 9-8-, 1952, *that I last saw the deceased alive on* 9-8-, 1952, *and that death occurred at* 12:55P *m., from the causes and on the date stated above.*

23a. SIGNATURE E. H. Schmidt (Degree or title) M.D.

23b. ADDRESS 1515 Lafayette Ave.

23c. DATE SIGNED 9-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify) cremation

24b. DATE 9-12-52

24c. NAME OF CEMETERY OR CREMATORY Vallhala Crematory

24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo

DATE REC'D BY LOCAL REG. SEP 12 1952

REGISTRAR'S SIGNATURE J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington

(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~~ Me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Jas W Wilkinson

Licensed Embalmer No. 3575

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.