

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **45023**  
 Registrar's No. **12032**

FILED JAN 26 1953  
 BIRTH NO. \_\_\_\_\_

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

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis) _____ c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION Broadway & Nebraska		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis <i>20:9</i> d. STREET ADDRESS (If rural, give location) 3985 Wilmington				
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) Theodore b. (Middle) O. c. (Last) Petersen			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) 12/29/52			
<b>5. SEX</b> Male <i>D</i>	<b>6. COLOR OR RACE</b> White	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> Married	<b>8. DATE OF BIRTH</b> Aug. 29, 1886	<b>9. AGE</b> (In years last birthday) 66 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) Own Business		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> Planing Mill		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) St. Louis, Missouri	<b>12. CITIZEN OF WHAT COUNTRY?</b> USA	
<b>13a. FATHER'S NAME</b> Lauritz Petersen		<b>13b. MOTHER'S MAIDEN NAME</b> Ottillia Quade		<b>14. NAME OF HUSBAND OR WIFE</b> Anna L.		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) No		<b>16. SOCIAL SECURITY NO.</b> ---		<b>17. INFORMANT'S SIGNATURE OR NAME</b> Anna Petersen-- <b>ADDRESS</b> 3985 Wilmington		
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b> 2 years 5 years	
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <i>Arteriosclerotic Heart Disease</i> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Essential Hypertension</i> DUE TO (c) _____				
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.				
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> 4200		
<b>22. I hereby certify that I attended the deceased from</b> <i>Jan</i> , 19 <i>50</i> , to <i>Dec.</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Dec 6</i> , 19 <i>52</i> , and that death occurred at <i>9:30a</i> m., from the causes and on the date stated above.						
<b>23a. SIGNATURE</b> (Degree or title) <i>Marion W. Davis, MD.</i>			<b>23b. ADDRESS</b> <i>539 N. Grand Ave.</i>		<b>23c. DATE SIGNED</b> <i>12/30/52</i>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> Removal		<b>24b. DATE</b> <i>1/2/53</i>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> SS Peter & Paul Ev.		<b>24d. LOCATION</b> (City, town, or county) (State) Columbia, Illinois	
<b>DATE REC'D BY LOCAL REG.</b> DEC 30 1952		<b>REGISTRAR'S SIGNATURE</b> <i>J. Carl Smith</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Wacker-Heldner</i>		<b>ADDRESS</b> 3634 Gravois

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Frank J. Paul Sr.  
Licensed Embalmer No. 2675  
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.