

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36329

State File No. _____
Registrar's No. 261

FILED NOV 9 - 1953
BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 2596

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>2129</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL Valle</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>ST LOUIS 23 MO</u> | |
| c. LENGTH OF STAY (In this place) _____ | | d. STREET ADDRESS (If rural, give location) <u>7845 PARKWOOD DRIVE</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Park Des. Mo.</u> | | | |

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|---|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JACQUELINE</u> b. (Middle) <u>LILLIAN</u> c. (Last) <u>PETERSON</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 30 1953</u> | | |
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u> | |
| 8. DATE OF BIRTH <u>JUNE 1 1935</u> | | 9. AGE (In years last birthday) <u>18</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OPERATOR</u> | |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>TELEPHONE Co.</u> | | 11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME <u>TEROME PETERSON</u> | | 13b. MOTHER'S MAIDEN NAME <u>RUTH LANGE</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
|--|--|--|--|--|--|

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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) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>489-34-2581</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>James J. Peterson</u> | |
| | | | | ADDRESS <u>7845 Parkwood Dr.</u> | |

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|---|--|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| <p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull</u> | | | |
| | | ANTECEDENT CAUSES | | | |
| | | MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Due to automobile</u> DUE TO (c) <u>Accident</u> | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|------------------------|--|----------------------------------|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
|------------------------|--|----------------------------------|--|---|--|

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|---|--|---|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 61</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Valle, Jefferson MO</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>150</u> | |

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 _____ m., from the causes and on the date stated above.

| | | | | | |
|--|--|--|--|--------------------------------------|--|
| 23a. SIGNATURE <u>O. B. Edwards</u> | | (Degree or title) <u>M. D. Graver</u> | | 23b. ADDRESS <u>Ordor Hill Mo</u> | |
| | | | | 23c. DATE SIGNED <u>10/31/53</u> | |

| | | | | | |
|---|--|--------------------------------|--|--|--|
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Nov 3 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>St Louis MO.</u> | |

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|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>11-3-53</u> | | REGISTRAR'S SIGNATURE <u>Marie Ferris</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Daniel & Mahin</u> | |
| | | | | ADDRESS <u>Cloto, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

EX-101 & T. 100W

DATE RECEIVED

NOV 6 1953

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 *Leo J. Budde*

Licensed Embalmer No. *3989*

P. O. Address *St. Louis,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.