No. 300
10.48

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Reg. #2129
SL #1849

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29152

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6442

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: 915 N. Grand, St. Louis, Mo.
c. LENGTH OF STAY (In this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: St. Louis
c. CITY OR TOWN: WEBSTER GROVES 4597
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 323 W. PACIFIC AVENUE

3. NAME OF DECEASED (Type or Print)
a. (First): CLYDE
b. (Middle): J.
c. (Last): PETERSON

4. DATE OF DEATH (Month) (Day) (Year): JULY 14, 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: 3/12/97
9. AGE (In years last birthday): 57 | 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): CROCKER, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOHN R. PETERSON
13b. MOTHER'S MAIDEN NAME: VIOLA DYKES
14. NAME OF HUSBAND OR WIFE: NEVER MARRIED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WW-1
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: VA HOSP. RECORDS, ST. LOUIS, MO.

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) Atelectasis lower lobes lungs; Coronary Sclerosis; INTERVAL BETWEEN ONSET AND DEATH: Hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fright fracture suffered when fractured tripped and fell over chair in living room
DUE TO (c) home at 323 W. Pacific Ave, Webster Groves, Mo at about 1:35 pm July 1, 1954

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing it: Accident

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Webster Groves Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 1 54 1:35 p.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: VA 135 E9030

22. I hereby certify that I attended the deceased from 7/2, 1954, to 7/14/54, 19___, that I last saw the decedent alive on 19___ and that death occurred at 5:12A m. from the causes and on the date stated above.

23a. SIGNATURE: Joseph M. Sunderland
(Degree or Title): M.D.
23b. ADDRESS: 1500 Clark, St. Louis, Mo.
23c. DATE SIGNED: 7/14/54

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 7-19-54
24c. NAME OF CEMETERY OR CREMATORY: NATIONAL CEM.
24d. LOCATION (City, town, or county) (State): JEFFERSON BRKS., Mo.

DATE REC'D BY LOCAL REG.: JUL 15 1954
REGISTRAR'S SIGNATURE: H. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: SOUTHERN FUNERAL HOME 6302 S. GRAND BLVD.

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Frank J. Wyland

Licensed Embalmer No. 45

P. O. Address 6352

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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