

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 38721

9678

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <i>St Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Ann's Hospital</i>		STREET ADDRESS (If rural, give location) <i>4670 Page</i>			
3. NAME OF DECEASED (Type or Print) <i>Lorah</i>		b. (Middle) <i>Peterson</i>		c. (Last) <i>Peterson</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>Nov 2 1955</i>		5. SEX <i>Female</i>		6. COLOR OR RACE <i>Negro</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>30 Aug 1907</i>		9. AGE (In years last birthday) <i>48</i>	
10a. USUAL OCCUPATION (Check kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Printing Co.</i>		11. BIRTHPLACE (City and State, or Foreign Country) <i>Dupala, Miss!</i>	
12. COUNTRY OF WHAT COUNTRY? <i>U.S.</i>		13a. FATHER'S NAME <i>Carling Peterson</i>		13b. MOTHER'S MAIDEN NAME <i>Addie</i>	
14. NAME OF HUSBAND OR WIFE <i>Estelle Peterson</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <i>Estelle Peterson</i>		ADDRESS <i>4670 Page</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 weeks</i>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>April 1st 1955</i> to <i>Nov 2nd 1955</i> , that I last saw the deceased alive on <i>Oct 29, 1955</i> , and that death occurred at <i>4:45 p.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>Clyde B. Kane M.D.</i>		23b. ADDRESS <i>706 Walton</i>		23c. DATE SIGNED <i>11/3/55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>9 Nov 55</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Father's Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>St Louis 13 Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Reliable Funeral Hys</i>		ADDRESS <i>1225 No Taylor</i>	
DATE REC'D BY LOCAL REG. <i>NOV 7 1955</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Reliable Funeral Hys</i>	

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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Paul V. Freeman*.....

Licensed Embalmer No. *4680*

P. O. Address *4729 Hawthorn*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.