

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2933

State File No. ....

No. 300

10.48

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>168</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS,</b>			c. LENGTH OF STAY (in this place) <b>79 yrs.</b>		c. CITY OR TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2014 a NO. MARKET ST.</b>				e. STREET ADDRESS (If rural, give location) <b>20</b>				<b>2014 a NO. MARKET ST. 220 1/2</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>MAMIE</b>			b. (Middle) _____		c. (Last) <b>PETERSEN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JANUARY 6, 1956</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>		8. DATE OF BIRTH <b>SEPTEMBER 2, 1876</b>		9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>4</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ST HOME</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>SALEM, MISSOURI</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>ALFRED LONG</b>			13b. MOTHER'S MAIDEN NAME <b>NANCY BIRD</b>			14. NAME OF HUSBAND OR WIFE <b>CHARLES PETERSEN</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>GEORGE CHAPEL</b>				ADDRESS <b>2014 a NO. MARKET ST.</b>	
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.				<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Left Heart</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <b>4-5 years</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>170x</b>				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) _____		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 <b>Oct 8 1955</b> to <b>Jan 5 1956</b> , that I last saw the deceased alive on <b>Jan 5 1956</b> , and that death occurred at <b>3:30 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Robert D. Sanders</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>1502 CASS AVE.</b>		23c. DATE SIGNED <b>1-8-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JAN. 9, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ROLLA CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>ROLLA, MISSOURI</b>				
DATE REC'D BY LOCAL REG. <b>JAN 6 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>BEIDERWIEDEN FUNERAL HOME, INC.</b> ADDRESS <b>1936 ST. LOUIS AVE.</b>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—Physician's name and date on primary

(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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Delis J. Krupis*

Licensed Embalmer No. 34

P. O. Address *St. Louis*

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.