

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18442

FILED JUN 11 1956

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

State File No. _____

Registrar's No. 4316

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY OR TOWN St Louis		c. CITY OR TOWN Gardenville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital		e. STREET ADDRESS 4711 Seibert	
3. NAME OF DECEASED a. (First) Earl b. (Middle) A c. (Last) Peterson			4. DATE OF DEATH (Month) (Day) (Year) Apr. 29, 1956
5. SEX male <input type="radio"/>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar. 19, 1916
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver		10b. KIND OF BUSINESS OR INDUSTRY Ruprecht Material Co.	11. BIRTHPLACE (City and State or Foreign Country) <input type="radio"/> St Louis Mo
13a. FATHER'S NAME John Peterson		13b. MOTHER'S MAIDEN NAME Ida Stamm	14. NAME OF HUSBAND OR WIFE Geneva Peterson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Geneva Peterson 4711 Seibert
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Coronary Sclerosis</u> DUE TO (c) 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	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
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"/>	
21c. (CITY, TOWN, OR TOWNSHIP) (STATE)		21f. HOW DID INJURY OCCUR?	
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 _____, 19____, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Reginald J. Reppert</i>		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 5/2/56			
24a. BURIAL CREMATION REMOVAL (Specify) Removal		24b. DATE 5/3/56	
24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St Louis County Mo.	
DATE REC'D BY LOCAL REG. MAY -2 1956		REGISTRAR'S SIGNATURE <i>Carl Smith</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>L Ziegenhein</i>		ADDRESS 7027 Gravois	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

3.00
48
3

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 *Donald E. Benji*

Licensed Embalmer No. *486*

P. O. Address *7027*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.