

FILED OCT 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32702

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2299

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) Rock Hill		c. LENGTH OF STAY (In this place) 8 days	c. CITY OR TOWN Normandy 4187		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 Rock Hill Rest Home			e. STREET ADDRESS (If rural, give location) 8319 Ardsley Dr.		

3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) _____ c. (Last) Peterson			4. DATE OF DEATH (Month) (Day) (Year) 9 27 56		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 6, 1861	9. AGE (In years last birthday) 95	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Sweden		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Carl Johnson		13b. MOTHER'S MAIDEN NAME Elizabeth Unknown		14. NAME OF HUSBAND OR WIFE Henry 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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Enoch G. Peterson 8319 Ardsley Dr		

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis & Arterioelastic DUE TO (c) Heart Myocarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility			INTERVAL BETWEEN ONSET AND DEATH 1 wk
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) 331X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 9-20, 1956 to 9-24, 1956, that I last saw the deceased alive on 9-21, 1956, and that death occurred at 2:05 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Enoch G. Peterson M.D.		23b. ADDRESS 2637 St. Francis	23c. DATE SIGNED 9/29/56
---	--	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10/1/56	24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
--	-----------------------------	---	--	--

DATE REC'D BY LOCAL REG. 9-28-56	REGISTRAR'S SIGNATURE Herbert R. Donleavy	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union	
--	---	---	--

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

Dr. Arnold Klein
2632 So. Kingshighway
Pr. 2-7475

Hrs. 11 - 3:30

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 *Warren A. Carver*.....

Licensed Embalmer No. *353*.....

P. O. Address

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.