

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

61299-58

58-031298
STATE FILE NUMBER

FILED AUG 22 1958 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2162

300
1-57

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton RICHMOND HEIGHTS		c. CITY OR TOWN Affton 4000	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Mary's Hosp		d. STREET ADDRESS (If outside, give location) 8222 Henze Court	

3. NAME OF DECEASED (Type or print) First Infant Middle Gerard Last Peterson			4. DATE OF DEATH Month Aug Day 17 Year 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 17 1958	9. AGE (In years last birthday) 15	IF UNDER 1 YEAR Months 1 Days 15	IF UNDER 24 HRS. Hours 15
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) Clayton Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Theodore Peterson	13b. MOTHER'S MAIDEN NAME Marilee Shokelton	14. NAME OF HUSBAND OR WIFE
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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 Theodore Peterson 8222 Henze Court	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity - 22 weeks gest.		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Ablatis Placentae		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from Aug 17, 1958 to Aug 17, 1958 and last saw her/him alive on Aug 17, 1958 Death occurred at 6:20 P. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Roy V. Boedeker M.D.	(Degree or title)	22b. ADDRESS 100 N. Euclid	22c. DATE SIGNED 8/19/58
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23a. FUNERAL CREATION, REMOVAL Removal	23b. DATE 8/19/58	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem	23d. LOCATION (City, town, or county) (State) St Louis County Mo
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24. FUNERAL DIRECTOR Moydell Funeral Home	ADDRESS 1926 Allen	25. DATE RECD. BY LOCAL REG. 8-19-58	26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 not embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed George J. Lubocka

Licensed Embalmer No. 4899
P. O. Address 1926 All

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.