

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 8 1960

5277-60-021381

Registration District No. **318** Secondary Registration District No. **1003** Registrar's No. \_\_\_\_\_ STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		Length of stay in 1b	c. CITY OR TOWN <b>Webster Groves,</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>323 W. Pacific</b>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	5. AGE (last birthday)
First <b>WILLIAM</b>	Middle <b>ARTHUR</b>	Last <b>PETERSON</b>	Month <b>MAY</b> Day <b>18</b> Year <b>1960</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar. 11, 1906</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Handyman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gardening</b>	11. BIRTHPLACE (City and state or country) <b>Webster Groves, Mo.</b>
13a. FATHER'S NAME <b>John Rile Peterson</b>		13b. MOTHER'S MAIDEN NAME <b>Viola Brown</b>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>495-34-1733</b>	17. INFORMANT Address <b>Mrs. Paul Peterson 315 W. Pacific</b>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>DELIRIUM TREMENS</b>		<b>2 DAYS</b>
Conditions, if any, which gave rise to above cause - (a), stating the underlying cause last.	DUE TO (b) <b>CHRONIC ALCOHOLISM</b>	<b>YEARS</b>
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.
<b>CARCINOMA OF SOFT PALATE WITH METASTASES</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
20c. TIME OF INJURY	Hour _____ Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <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
21. I attended the deceased from <b>MAY 2, 1960</b> to <b>MAY 18, 1960</b> and last saw her/him alive on <b>MAY 18, 1960</b> Death occurred at <b>2:45 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>E. J. Hamilton, M.D.</i> (Degree or title) <b>M. D.</b>	22b. ADDRESS <b>BARNES HOSPITAL</b>	22c. DATE SIGNED <b>5/19/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May 20, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cem.</b>
24. FUNERAL DIRECTOR <b>Parker-Aldrich,</b> ADDRESS <b>Webster Groves, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>May 19, 1960</b>	26. REGISTERS SIGNATURE <i>Roan Smith, M.D.</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Leslie Walsh*

Licensed Embalmer No. 439

P. O. Address Holston Gr

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