

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 12 1960

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7148

-60-028703

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b 4 yrs | c. CITY OR TOWN St. Louis, Mo. 4063 Westminster |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA City Morgue | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 4063 Westminster |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last CHARLES DEWITT PETERSON | 4. DATE OF DEATH Month Day Year July 14, 1960 |
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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 June 24 1914 | 9. AGE (last birthday) 46 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
|----------------|---------------------------|---|----------------------------------|------------------------------|--------------------------------|------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY Various | 11. BIRTHPLACE (City and state or country) Illinois | 12. CITIZEN OF WHAT COUNTRY USA |
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| 13a. FATHER'S NAME William L. Peterson | 13b. MOTHER'S MAIDEN NAME Nellie Lutz | 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) Yes WW #2 | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT Woodrow W. Peterson, Greenville, Illinois | 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: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <i>Pulmonary Edema of right side extensive</i> | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <i>Chronic Myocarditis with pericarditis</i> | |
| | DUE TO (c) <i>422.2</i> | |

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| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 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 Month, Day, Year s.m. p.m. | |
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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 _____ to _____ and last saw her/him alive on _____
Death occurred at _____ 5:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <i>Patrick J. Taylor, Coroner</i> | 22b. ADDRESS 1300 Clark | 22c. DATE SIGNED 7. 18. 60 |
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|--|----------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE July 18, 1960 | 23c. NAME OF CEMETERY OR CREMATORY Montrose Cemetery | 23d. LOCATION (City, town, or county) (State) Greenville, Illinois |
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| 24. FUNERAL DIRECTOR C. R. LUPTON & SONS, 7233 DELMAR BLVD. | 25. DATE RECD. BY LOCAL REG. JUL 18 1960 | 26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

mjs

CORONER

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed P. Lawrence H. M.

Licensed Embalmer No. 4011
P. O. Address St. Louis

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