

FEDERAL BUREAU OF INVESTIGATION - DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 10 1960

-60-036929
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2743

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u> | | Length of stay in 1b <u>2 days</u> | c. CITY OR TOWN <u>University City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>7511 Pershing Avenue</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>FRANK</u> Middle <u>JOSEPH</u> Last <u>PETERMAN</u> | | | 4. DATE OF DEATH Month <u>September</u> Day <u>14</u> Year <u>1960</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>6-6-1878</u> | 9. AGE (last birthday) <u>82</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retail Furn. Executive</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Furniture</u> | 11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Joseph Peterman</u> | | 13b. MOTHER'S MAIDEN NAME <u>Catherine Dudeen</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary Peterman</u> | |

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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>488-05-1365</u> | 17. INFORMANT <u>Mrs. Mary Peterman, 7511 Pershing</u> |
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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) <u>Acute Myocardial Infarction</u> | | <u>24 hours</u> |
| DUE TO (b) <u>Atherosclerosis Coronary Arteries</u> | | <u>5-10 years</u> |
| DUE TO (c) <u> </u> | | |

Conditions, if any, which gave rise to above Cause (a), stating the underlying cause last.

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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) <u>Generalized arteriosclerosis</u> | | 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 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 <u> </u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u> </u> | | |

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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 <u>St. Louis, Missouri</u> |
| 21. I attended the deceased from <u>8-23-60</u> to <u>9-14-60</u> and last saw her/him alive on <u>9-14-60</u> Death occurred at <u>6:30 A.M.</u> 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) <u>Frank Amannaro MD</u> | 22b. ADDRESS <u>1617 S. Brentwood</u> | 22c. DATE SIGNED <u>9-16-60</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>9-17-1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u> |
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| 24. FUNERAL DIRECTOR <u>Stock Mortuaries, 2117 E. Grand</u> | 25. DATE RECD. BY LOCAL REG. <u>9-16-60</u> | 26. REGISTRAR'S SIGNATURE <u>John B. Mumfry</u> |
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BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

DR. FRANK MANGINARO
1617 S. BRENTWOOD,

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 Paul A. Nacht

Licensed Embalmer No. 7782

P. O. Address _____

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.