

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42018

State File No. 1

Registration District No. 104

Primary Registration District No. 104

Registrar's No. 2633

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT
FULL NAME John K. Peterson

3. (b) If veteran, name war
3. (c) Social Security No. 488-12-8948

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 2
(b) Name of husband or wife
(c) Age of husband or wife if alive 18 years
7. Birth date of deceased Jan. 14 1883
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 25 If less than one day min.

9. Birthplace Stoughton, Wis.
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance man

11. Industry or business Gray's Grove

12. Name Peterson

13. Birthplace Wis.
(City, town, or county) (State or foreign country)

14. Maiden name int.

15. Birthplace int.
(City, town, or county) (State or foreign country)

16. (a) Informant Fearl Peterson

(b) Address Argyle, Wis.

17. (a) Buried (b) Date thereof 12-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Mullen and Co.

(b) DEC 16 1942

19. (a) DEC 16 1942 (b) C. J. McFarlane
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1942 hour 11:35 minute P. M.

21. I hereby certify that I attended the deceased from
19 to 19;

that I last saw him alive on 19, and that death occurred on the date and hour stated above.

Immediate cause of death From injuries received from falling downstairs at tavern & restaurant.

Due to Subdural hemorrhage, left frontal & parietal region; Frac.

Due to of parietal & temporal bones; Bronchopneumonia; Purulent

Other conditions broncholitis.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident. 096

(b) Date of occurrence Dec. 4, 1942

(c) Where did injury occur? Gray's Grove
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? (Specify type of place) (e) Means of injury Fall

23. Signature Tommy H. C. ...

Address Kirkwood, Mo. 12/11/42 Date signed

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

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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 this body is not embalmed, fact should be so stated above.