

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

27537

**1. PLACE OF DEATH**

County St. Louis

Registration District No. 788

Township

Webster Groves (No. 309) Trusted Blvd

Primary Registration District No. 4471

File No. \_\_\_\_\_

Registered No. 88

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Caroline Petersen

(a) Residence, No. 309 Trusted St., \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Female White

**4. COLOR OR RACE**

**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)**

Widow

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

Anders Petersen

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**

Nov 3 1852

**7. AGE**

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>80</u>	<u>9</u>	<u>28</u>	

**OCCUPATION**

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.**

At Home

**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.**

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**10. Date deceased last worked at this occupation (month and year)**

**11. Total time (years) spent in this occupation**

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Denmark

**FATHER**

**13. NAME**

Jens Larsen

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Denmark

**MOTHER**

**15. MAIDEN NAME**

Maren Hansen

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Denmark

**17. INFORMANT (ADDRESS)**

L. P. Anderson  
309 Trusted Blvd

**18. BURIAL, CREMATION, OR REMOVAL**

PLACE Oak Hill DATE Sept 2 1933

**19. UNDERTAKER (ADDRESS)**

Parker Trust Co  
Webster Groves Mo

**20. FILED**

9-2 1933 D. A. W. Wehr  
2. Carlsbad Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** August 31 1933

**22. I HEREBY CERTIFY, That I attended deceased from** Feb. 1932, to August 31, 1933

I last saw her alive on August 31, 1933. Death is said

to have occurred on the date stated above, at 8:15 p. m.

The principal cause of death and related causes of importance were as follows:

Interstitial Nephritis

131  
430

Date of onset

1 month

Other contributory causes of importance:

Chronic Myocarditis

3 yrs.

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? No

**23. If death was due to external causes (violence), fill in also the following:**  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

**24. Was disease or injury in any way related to occupation of deceased?** \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Arthur W. Westrup, M. D.

(Address) Webster Groves Mo

OCT 20 1933

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