

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: DEACONESS HOSPITAL  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution 1 mo  
(Specify whether  
In this community 50 yrs  
years, months or days)

3. (a) PRINT FULL NAME PETER WILHELM ANDERSON

3. (b) If veteran, name war — 3. (c) Social Security No. none

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARIE ANDERSON 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased DEC. 23 1858  
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 5 If less than one day — hr. — min.

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

10. Usual occupation JANITOR RETIRED 10 YR

11. Industry or business WEBSTER GROVES SCHOOL

12. Name ANDERS NIELSON

18. Birthplace DENMARK  
(City, town, or county) (State or foreign country)

14. Maiden name MARIE JERGENSEN

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

16. (a) Informant's own signature Norothy Anderson

(b) Address 5 East Moody Webster Groves

17. (a) BURIAL (b) Date thereof JUNE 29 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL - CEM.

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

(b) Address Webster Groves Mo

19. (a) JUN 28 1940 (b) J. Filbeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS  
(c) City or town WEBSTER GROVES NR  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5 EAST MOODY AVE  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 57 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27 day June  
year 1940 hour 2 minute 9 A. M.  
21. I hereby certify that I attended the deceased from 11-30-39  
to 6-27-40, 19—, to 6-27-40, 19—;  
that I last saw him alive on 2-26-40, 19—;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Gall Bladder and Biliary Tract. Duration 76 mos.

Due to metastatic to Pancreas  
Due to " " to Liver.

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

Major findings: Cholelithiasis - (31 stones)  
of operations Ca. Biliary tract with metastases  
of autopsy no

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) —  
(b) Date of occurrence —  
(c) Where did injury occur? (City or town) (County) (State) —  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

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

28. Signature H. O. Reese (M. D. or other)  
Address Webster Groves Date signed 6/28/40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

---

---

**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

*Orvin B. Lang*

Licensed Embalmer No. *1581*

P. O. Address *Webster Groves*

**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, above space should be left blank.**