

S. No. 2
1-4-41
5-17-39
P. 1. X2639

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 24 1942 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40266

State File No. _____
Registrar's No. 10086

Registration District No. _____ Primary Registration District No. _____
1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3745 Lindell Blvd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3745 Lindell
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred Peterson
(b) If veteran, name war No (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 16th
year 1941 hour _____ minute _____ M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased May 29 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to 12/16/41, 19____;
that I last saw him alive on 12/16/41, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary occlusion Duration 2 yrs.

8. AGE: Years Months Days If less than one day
75 6 17 _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Sweden (City, town, or county) (State or foreign country)
10. Usual occupation Retired Landscape Gardener

11. Industry or business _____
MOTHER FATHER { 12. Name Unknown
13. Birthplace Sweden (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Sweden (City, town, or county) (State or foreign country)

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

16. (a) Informant Mr. J. E. Peterson
(b) Address 3745 Lindell, Saint Louis, Mo.
17. (a) Burial (b) Date thereof Dec. 18, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery

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? _____

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address 6633 Clayton Road
19. (a) DEC 18 1941 (b) J. F. Beck
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature J. P. Ryan (M. D. or other) M. D.
Address University Club Bldg Date signed 12/16/41

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. 1994

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.