

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42822

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

FILED DEC 24 1946  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 10696

1. PLACE OF DEATH:

(a) County MISSOURI  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ENROUTE CITY HOSPITAL  
(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

3. (a) PRINT FULL NAME OSCAR PETERSEN  
3. (b) If veteran, name war WORLD, WAR I. 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race white  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife NORA 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased APRIL 28 1892  
(Month) (Day) (Year)

8. AGE: Years 54 Months 7 Days 14  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation POLICE OFFICER

11. Industry or business METROPOLITAN POLICE DEPT.

12. Name THEODORE PETERSEN

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

14. Maiden name UNKNOWN

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

16. (a) Informant NORA E. PETERSEN

(b) Address 1906 LAMI

17. (a) BURIAL (b) Date thereof DEC 16 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUNSET BURIAL PARK

18. (a) Signature of funeral director Products & Son

(b) Address 2906 W. RAKOIS

19. (a) DEC 14 1946 (b) J. F. Prudek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1906 LAMI  
(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 12  
year 1946 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 6 1946 to 12 Dec 1946  
that I last saw him alive on 10 December 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 hr  
Due to Hypertensive heart disease 1 yr

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

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

(c) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
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 \_\_\_\_\_

23. Signature Charles M. Bauman (M. D. or other) \_\_\_\_\_  
Address Sobani 1 mo Date signed 12/13/46

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

MOTHER FATHER

