

No. 2
12-45
17-39
X47076

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

FILED FEB 17 1947
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County ST. LOUIS, MO.

(b) City or town ST. LOUIS, MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST. LOUIS CITY HOSPITAL, MAX STARKLOFF
(If not in hospital or institution, write street number or location) **MEMORIAL**

(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 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 16 17

(d) Street No. 3457 Chippewa
(If rural, give location) 9

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LOUIS PETERSON

3. (b) If veteran, name war No

3. (c) Social Security 494-09-8316

4. Sex Male White

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cathrine O'Brien

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Nov. 23 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57 3 13 hr. min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business Hager Hing Co

12. Name Louis Petersen

13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Louise Wicht

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

16. (a) Informant Mrs Cathrine Petersen

(b) Address 3457 Chippewa

17. (a) Burial (b) Date thereof 2-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S. S. Peter & Paul Cem.

18. (a) Signature of funeral director Wingbermuehle Funeral Home

(b) Address 3819 S. Grand Blvd.

19. (a) FEB 6 1947 (b) J. F. Buddeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 4th
year 1947 hour 9:25 minute P.M.

21. I hereby certify that I attended the deceased from 1-30-47
to 2-4-47, 19____, to 2-4-47, 19____;
that I last saw him alive on 2-4-47, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration 2 days

Due to Carcinoma of Lung 3 mos.

Due to _____

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:

(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 _____

23. Signature Joe H. Hardin (M. D. or other) M.D.
Address 1515 LAFAYETTE Date signed 2-5-47

[Handwritten signature]

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 *[Handwritten Signature]*
Licensed Embalmer No. 3575

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.