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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 12 1948
Registration District No. **318**

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **24614**
Registrar's No. **6860**

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

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:
Christian Hospital ()
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 Days**
In this community **Life**
(Specify whether years, months or days)

3: (a) PRINT FULL NAME **Charles A. Peterson**
3. (b) If veteran, name war **None**
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 **Elma**
6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased **March 5 1884**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 **4** **27** hr. _____ min.

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

10. Usual occupation **Clerk Wagner Electric**

11. Industry or business _____

12. Name **John Peterson**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Elma Peterson**

(b) Address **5522 Robin Ave**

17. (a) **Cremation** (b) Date thereof **8-2-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Crematory**

18. (a) Signature of funeral director **Math. Hermann & Son, Inc**

(b) Address **2161 E. Fair Ave**

19. (a) **AUG 5 - 1948** (b) **J. F. Bredeck**
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **0**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5522 Robin Ave**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **1**
year **1948** hour **11** minute **30** P.M.

21. I hereby certify that I attended the deceased from **12 July 1948** to **1 August 1948**;
that I last saw him alive on **1 August 1948**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Failure**
Due to **Advanced age**

Other conditions **Major Operation re. Esophagus, Gastrostomy, Carcinoma Distal end of Esophagus**

Major findings: Of operations **Carcinoma distal 3 in of esophagus & cardia of stomach**
Of autopsy **Mild bronchopneumonia, mild hemorrhagic infarct, dilation of heart, hepatitis OK**

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 **J. Ernest Jensen** (M. D. or other) **M.D.**
Address **1170 Mo 2h. Bldg.** Date signed **3 Aug 48**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Glen W. Hay

Licensed Embalmer No. 3737

P. O. Address 2161 E. Fair

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.