

S. No. 300
OM-10-47
Rev. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 23 1948
Registration District No. 517

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35181
Registrar's No. 2248

Primary Registration District No. 6076

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town _____
(c) Name of hospital or institution:
Bauer Rd. West Mattese, Mo.
(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 Elizabeth Peterson
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex female 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Alfred Peterson
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased April 27, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 4 27 hr. min.

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

10. Usual occupation house wife

11. Industry or business at home

12. Name Joseph Christ

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

14. Maiden name Anna Monker

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

16. (a) Informant Alfred Peterson

(b) Address Rt. 8-Box 1948, Mattese, Mo.

17. (a) removal (b) Date thereof 9-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newell, Iowa

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Ave

19. (a) 9-26-48 (b) Paula J. Stephens
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis, Mo.
(c) City or town Mattese, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Bauer Rd. Rt 8-Bpx 1948
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 24
year 1948 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from 9-24-48 to 9-27-48, 1948
that I last saw him alive on 9-24-48, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to chronic cardio-vascular disease
Due to 9-3-48
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy _____

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)
(c) Manner of injury 0
23. Signature James N. [unclear] (M. D. or other)
Address 152 Kenway, [unclear] Date signed 9-24-48

Duration several hrs
1 year
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

V. E. Morris

Licensed Embalmer No.

3360

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.