FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 14 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38529

Primary Registration District No. 1003

Registrar's No. 10614

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

1. PLACE OF DEATH:

(a) County

(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: Infirmary Hospital
(If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution 6/2/45 To 12/5/48 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County

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

(d) Street No. 5600 Arsenal
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CATHERINE 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 Fred

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased MAR (Month) 17 (Day) 1884 (Year)

8. AGE: Years 64 Months 8 Days 18 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name THOMAS SULLIVAN
13. Birthplace (City, town, or county) IRELAND (State or foreign country)

MOTHER
14. Maiden name Bridget Mc DERMOTT
15. Birthplace (City, town, or county) IRELAND (State or foreign country)

16. (a) Informant Mrs Mary King
(b) Address 5400 ARSENAL

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Dec 8 48 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen Kelly
(b) Address 4386 Lindell

19. (a) DEC 7 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5 year 1948 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from July 7, 1948, 19, to Dec. 5, 1948 that I last saw her alive on Dec. 5, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Tamponade

Due to

Due to Ruptured Aneurysm of left Ventricle

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy same

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. L. Krag MD (M. D. or other)

Address 5600 Arsenal St. St. Louis Date signed Dec 6 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 James G. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.