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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED JAN 11 1949

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41746  
Registrar's No. 11031

Registration District No. 318

Primary Registration District No. 100

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: Missouri Baptist Hosp. D  
(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 John H. Peterson  
3. (b) If veteran, name war NONE  
3. (c) Social Security No. NONE

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced. SING/er  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year) 1889

8. AGE: 69 Years 59 Months - Days \_\_\_\_\_  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country) GERMANY

10. Usual occupation LAWYER

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name UNKNOWN  
13. Birthplace UNKNOWN  
(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 CARL J. PURSEY  
(b) Address 423 BUDER Bldg.

17. (a) BURIAL (b) Date thereof. Dec. 22-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. ST. MARCUS  
18. (a) Signature of funeral director. Witt Bus Lull Co

(b) Address 2929 S. Jefferson Ave

19. (a) DEC 21 1948 (b) J. B. Baseler  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County ST. LOUIS  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3635 BAMBERGER  
(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 20  
year 1948 hour 3 minute 30 P.M.  
21. I hereby certify that I attended the deceased from Nov 20  
20 1948 to December 20, 1948  
that I last saw him alive on December 20, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_  
Due to Squamous Cell Carcinoma of Left Lung  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of left lung  
lung removed December 1948  
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 P. D. Steved (M. D. or other) \_\_\_\_\_  
Address 400 No Taylor Date signed 1/21/48

P.S. Wenzel

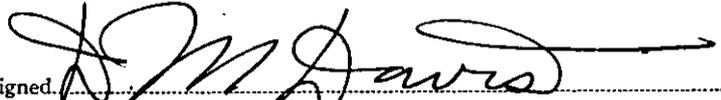
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**STATEMENT BY LICENSED EMBALMER**

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..... 

Licensed Embalmer No. 3741

P. O. Address 2929 So Jefferson

**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.**