

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 42837
11234

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St. Louis, Mo.)		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		_____	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5956 DeGiverville				d. STREET ADDRESS (If rural, give location) 5- 5956 DeGiverville			
3. NAME OF DECEASED (Type or Print) a. (First) Conrad		b. (Middle) _____		c. (Last) Peterson		4. DATE OF DEATH (Month) (Day) (Year) 12-28-1949	
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.		8. DATE OF BIRTH 11-16-1867	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant Tailor		10b. KIND OF BUSINESS OR INDUSTRY Peterson-Bockelmann		11. BIRTHPLACE (State or foreign country) Sweden		12. CITIZEN OF WHAT COUNTRY? 4	
13a. FATHER'S NAME Peter Swenson		13b. MOTHER'S MAIDEN NAME Inga Christina Rapp		14. NAME OF HUSBAND OR WIFE Ida F. Illig			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Clarence A. Peterson,		ADDRESS Unknown	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach				INTERVAL BETWEEN ONSET AND DEATH 6 mo.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) H6 (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 151X			
22. I hereby certify that I attended the deceased from Dec 12, 1949 to Dec 28, 1949 , that I last saw the deceased alive on Dec 28, 1949 , and that death occurred at 8 P. m., from the causes and on the date stated above.							
23a. SIGNATURE M. T. Jos. Wm. D. (Degree or title)				23b. ADDRESS 1807 N. Grand Ave.		23c. DATE SIGNED 12/29/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12-30-1949		24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. DEC 30 1949		REGISTRAR'S SIGNATURE J. B. Lusater		25. FUNERAL DIRECTOR'S SIGNATURE Alexander Boub ADDRESS _____			

(Licensed Embalmers' Statement on Reverse Side)

6175 Delmar

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

Arthur H. Gost
2807 N. Lincoln
Pe 5737

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Joseph E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Dilmar

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.