

MAY 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

18403

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3949**

| | | | | | |
|---|--|--|--|--|--|
| 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 township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2177 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital | | d. STREET ADDRESS (If rural, give location) 17 4101 DeTonty St. | | | |
| 3. NAME OF DECEASED (Type or Print) GRACE | | a. (First) | | b. (Middle) | |
| | | c. (Last) PETERMAN | | 4. DATE OF DEATH (Month) (Day) (Year) Apr. 25 1952 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | |
| 8. DATE OF BIRTH May 8, 1872 | | 9. AGE (In years last birthday) 79 | | 10. UNDER 1 YEAR Months Days | |
| 11. UNDER 1 YEAR Hours Min. | | 11. BIRTHPLACE (State or foreign country) East St. Louis, Ill. | | 12. CITIZEN OF WHAT COUNTRY? | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY | | | |
| 13a. FATHER'S NAME Jacob Senn | | 13b. MOTHER'S MAIDEN NAME Caroline Zinn | | 14. NAME OF HUSBAND OR WIFE Late Charles Peterman | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Otto Senn | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia Nephro-sclerosis Arterio-vascular sclerosis Myocardial anoxemia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Infarction | | INTERVAL BETWEEN ONSET AND DEATH 5 Days | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION None | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (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? H212X | |
| 22. I hereby certify that I attended the deceased from 4/21, 1952 to 4/25, 1952, that I last saw the deceased alive on 4/26, 1952, and that death occurred at 5:40 P.M., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE G. J. H. Spring M.D. | | (Degree or title) | | 23b. ADDRESS 8321 No Broadway | |
| 23c. DATE SIGNED 4/26/52 | | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE Apr. 28, 1952 | | 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | |
| 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. | | | | | |
| DATE REC'D BY LOCAL REG. APR 28 1952 | | REGISTRAR'S SIGNATURE J. C. Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser | |
| | | | | ADDRESS 4228 S. Kingshighway Bl. | |

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

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 William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 Kings Highway

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.