

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**39329**

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 222

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Lawrence</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon, Missouri</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>St. Louis</u>
c. LENGTH OF STAY (in this place) <u>607 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>		d. STREET ADDRESS (If rural, give location) <u>225 Blackmer Place</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>Charles</u>	b. (Middle) <u>Melville</u>	c. (Last) <u>Peterson</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>November 27, 1952</u>
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>6-17-78</u>	<b>9. AGE</b> (In years last birthday) <u>74</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 10 HRS.</b> Hours _____ Mins. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Ohio</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>Jonas Martin Peterson</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Emma White</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Bertha I. Peterson</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service) <u>Unknown</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Ruby Wilson Peck, Mt. Vernon, Mo.</u>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>4 days</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Right heart failure</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Pulmonary tuberculosis</u> abt. <u>38 months</u>  DUE TO (c)		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>002X</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 3-29, 1951, to 11-27, 1952, that I last saw the deceased alive on 11-26, 1952, and that death occurred at 5:30 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>C. A. - Braucher M.D.</u>	<b>23b. ADDRESS</b> <u>Mt. Vernon, Mo.</u>	<b>23c. DATE SIGNED</b> <u>11-28-52</u>
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<b>24a. BURIAL CREMATION REMOVAL</b> (Specify) <u>11-27-52</u>	<b>24b. DATE</b> <u>11-27-52</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis, Mo</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>11-28-52</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Cecil Henderson</u>	<b>411-9</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Leo Orr</u>	<b>ADDRESS</b> <u>Mr. Orr</u>
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(Licensed Embalmers' Placement on Reverse Side)

No. 300  
10.48

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

DEC 1 1952

DEC 19 1952

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 \_\_\_\_\_

Licensed Embalmer No. 946

P. O. Address M. Kemmer No.

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.