

FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33860

State File No.
Registrar's No. 9087

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO c. LENGTH OF STAY (In this place)
c. CITY OR TOWN ST. LOUIS d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN BROS. Hosp. 17 4133^a BOTANICAL
e. STREET ADDRESS (If rural, give location) 277 1/2

3. NAME OF DECEASED (Type or Print) a. (First) CLE b. (Middle) C. c. (Last) PETERSON 4. DATE OF DEATH (Month) (Day) (Year) SEPT 18 1953

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH MAY 5 1889 9. AGE (In years last birthday) 64 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR 11. BIRTHPLACE (City and State or Foreign Country) IOWA 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME PETER J. PETERSON 13b. MOTHER'S MAIDEN NAME IDA DUVALT 14. NAME OF HUSBAND OR WIFE HELEN PETERSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. 497095606 17. INFORMANT'S SIGNATURE OR NAME HELEN PETERSON 4133^a BOTANICAL ADDRESS

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1 wk
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Seventy-two lesions 3 yrs
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 9/1/53 19b. MAJOR FINDINGS OF OPERATION Gangrene of Gall Bladder 20. AUTOPSY? YES NO

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) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 4201

22. I hereby certify that I attended the deceased from 9/18 1953 to 9/18 1953, that I last saw the deceased alive on 9/18 1953 and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE SEPT 21 1953 24c. NAME OF CEMETERY OR CREMATORY New St. Marcus 24d. LOCATION (City, town, or county) ST. LOUIS MO

DATE REC'D BY LOCAL REG. SEP 21 1953 REGISTRAR'S SIGNATURE Paul Smith MD FUNERAL DIRECTOR'S SIGNATURE Thomas Kutie 2906 Harris ADDRESS

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.....
Signature of Student Embalmer

Signed..... *James C. Dill*

Licensed Embalmer No. *434*

P. O. Address *2906*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.