

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 7 - 1955

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0810

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hospt. 6</b>		STREET ADDRESS (If rural, give location) <b>5817 Saloma Ave</b>	
3. NAME OF DECEASED (Type or Print) <b>Carl</b>		a. (First)	b. (Middle) <b>A</b>
		c. (Last) <b>Peterson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>1/27/55</b>
5. SEX <b>Male O</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b> (Specify)	8. DATE OF BIRTH <b>19 Aug. 1885</b>
9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe Worker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Mfg.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Unk.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Unk.</b>		13b. MOTHER'S MAIDEN NAME <b>Unk.</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Peterson</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>XXXX-XXXXX</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mary Peterson 5817 Saloma Ave.</b>	
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) <b>Cerebral thrombosis</b>  ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardio-</b> DUE TO (c) <b>vascular disease</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Left hemiplegia - pharyngeal paresis</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>
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) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>443x</b>	
22. I hereby certify that I attended the deceased from <b>JAN 4, 1955</b> , to <b>JAN 27, 1955</b> , that I last saw the deceased alive on <b>JAN 26, 1955</b> , and that death occurred at <b>9:00A m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Harold C. Silvers</b>		23b. ADDRESS <b>5626 West Florissant</b>	23c. DATE SIGNED <b>1/27/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>1/29/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>
DATE REC'D BY LOCAL REG. <b>JAN 28 1955</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jos. W. Clark 1125 Hodiamont Ave.</b>	

S.P. (Licensed Embalmer's Statement on Reverse Side)

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

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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 ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed... *Alfred J. Boedel* .....  
Licensed Embalmer No... *260* .....  
P. O. Address... *11257th* .....

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.