

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32576**

FILED SEP 27 1956

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 541	Registrar's No. 2135
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission): a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) CLAYTON		c. CITY OR TOWN BALLWIN	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 22 DAYS		e. STREET ADDRESS (If rural, give location) RIES ROAD		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hosp.				
3. NAME OF DECEASED (Type or Print) a. (First) AUGUST		b. (Middle) FRED	c. (Last) PETERSON	4. DATE OF DEATH (Month) (Day) (Year) Sept. 9 1956
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT 15-1875	9. AGE (In years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINT. MAN		10b. KIND OF BUSINESS OR INDUSTRY MERAMEC REALTY Co.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME PETER PETERSON		13b. MOTHER'S MAIDEN NAME SUSAN HERZIG		14. NAME OF HUSBAND OR WIFE ANNA C. PETERSON
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. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Peterson Ballwin Mo.	
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) Branchial Pneumonia -		INTERVAL BETWEEN ONSET AND DEATH 4 days.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Inanition, dehydration -		3 weeks
		DUE TO (c) Senility.		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Benign Prostatic Hypertrophy.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 610X +9Hx		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-11 , 19 56 , to 9-9 , 19 56 , that I last saw the deceased alive on 9-9 , 19 56 , and that death occurred at 5:30p m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Jack L. Anderson MD		23b. ADDRESS 601 S. Brentwood, Clayton, Mo.		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-12-56	24c. NAME OF CEMETERY OR CREMATORY HERZIG PRIV. CEM.	24d. LOCATION (City, town, or county) (State) BALLWIN, Mo	
DATE REC'D BY LOCAL REG. 9-10-56	REGISTRAR'S SIGNATURE Herbert B. Dondrup	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS, Scheeler Funeral Home Ballwin, Mo		

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 *Richard Bopp*.....

Licensed Embalmer No. *4584*

P. O. Address *Ballwin Mo*

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.