

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10870

FILED MAR 18 1957

State File No.

318

1003

Registrar's No. 1747

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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, c. LENGTH OF STAY (in this place) 11 days
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 (If not in hospital or institution, give street address or location) Incarnate Word Hospital
e. STREET ADDRESS (If rural, give location) 2607a So. Compton Ave.

3. NAME OF DECEASED a. (First) AUGUST b. (Middle) J. c. (Last) PETERSON
4. DATE OF DEATH (Month) (Day) (Year) Feb. 17, 1957

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Feb. 11, 1895 9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Life Ins. Agent 10b. KIND OF BUSINESS OR INDUSTRY Monumental Life 11. BIRTHPLACE (City and State or Foreign Country) Girard, Kansas 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Gustavus Peterson 13b. MOTHER'S MAIDEN NAME Jenny Bauer 14. NAME OF HUSBAND OR WIFE Mary Peterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. 492-05-1592 17. INFORMANT'S SIGNATURE OR NAME Mary Peterson ADDRESS 2607a So. Compton Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Anoxia & Edema INTERVAL BETWEEN ONSET AND DEATH 2 days
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Developed during Pneumectomy 2 days
DUE TO (c) Bronchopulmonary Fistula 1 day
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Granulomatous Rhinog Uncertain

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 5-25X 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) 2

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

22. I hereby certify that I attended the deceased from 2/6, 1957, to 2/17, 1957, that I last saw the deceased alive on 2/17, 1957, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Ernest Jensen M.D. 23b. ADDRESS 607 N. Grand Blvd 23c. DATE SIGNED 2/18/57

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ 24b. DATE 2/21/57 24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery 24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.

DATE REC'D BY LOCAL REG. FEB 20 57 REGISTRAR'S SIGNATURE J. Carl Smith M.D. FUNERAL DIRECTOR'S SIGNATURE Endler Und. Co. ADDRESS 7420 Michigan Ave.
(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Jensen
3 P. M. Nov.

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 *W. G. Peterson*

Licensed Embalmer No. *376*

P. O. Address *7420 Michigan*

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.