Health, & Welfare Public Service

S. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAY 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15777
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1092

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Gardenville — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 4713 Heidelberg Av. — Length of stay in lb: 22 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Gardenville 4810 — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 4713 Heidelberg Avenue — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First JOHANNA Middle Last PETERSON

4. DATE OF DEATH Month Day Year: April 25, 1957

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐

8. DATE OF BIRTH: November 1, 1872

9. AGE (In years last birthday): 84 — 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): House-wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Saint Louis, Missouri

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Carl Werder

14. MOTHER'S MAIDEN NAME: Julia Buchholz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT Address: Miss Eliza Peterson 4713 Heidelberg Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Myocarditis, chronic — INTERVAL BETWEEN ONSET AND DEATH: 5 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Arteriosclerosis — 10 years?

DUE TO (c): Hypertension — 4 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 443X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 10, 1946 to April 25, 1957 and last saw her/him alive on 4-20-57
Death occurred at 6:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Melvin R. Wilnecki MD

22b. ADDRESS: 8916 Gravois

22c. DATE SIGNED: 4-25-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4-27-57

23c. NAME OF CEMETERY OR CREMATORY: Saint Paul Churchyard

23d. LOCATION (City, town, or county) (State): Affton, Missouri

24. FUNERAL DIRECTOR ADDRESS: Beiderwieden F.H. 1936 St. Louis Avenue

25. DATE RECD. BY LOCAL REG.: 4-26-57

26. REGISTRAR'S SIGNATURE: Herbert R. Domke MD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Felix J. Krispin

Licensed Embalmer No. 34

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.