

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038465

STATE FILE NUMBER

FILED OCT 27 1958 Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2690

S. 300
1-57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pine Lawn		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN University City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D'Sullivan Nursing Home		Length of stay in lb 4 mos.	d. STREET ADDRESS (If outside, give location) 6619 Etzel Avenue
3. NAME OF DECEASED (Type or print) First Middle Last HANS PETERSEN			4. DATE OF DEATH Month Day Year October 20, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 21, 1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	9. AGE (In years last birthday) 86
11a. BIRTHPLACE (City and state or country) Denmark		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Karen	14. NAME OF HUSBAND OR WIFE Unknown Octavia Petersen
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mrs Ann Nielson, 6503 Joseph Avenue
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thromboses DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) 4/200 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Multiple Cerebral Thromboses			INTERVAL BETWEEN ONSET AND DEATH 1 hour unknown
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 July 2, 1958 to Oct 20, 1958 and last saw him alive on Oct 20, 1958 Death occurred at 9:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Lewis Lehmann MD		22b. ADDRESS 8231 Clayton Rd (17)	22c. DATE SIGNED 10/20/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct 22, 1958	23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.
24. FUNERAL DIRECTOR Shepard Funeral Home, 1167 Hamilton Ave		25. DATE RECD. BY LOCAL REG. 10-20-58	26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.

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 John J. Haines
Licensed Embalmer No. 4108
P. O. Address Sham...

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.