

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-003374

STATE FILE NUMBER

2 910

FILED FEB 10 1959 Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar No. 910

|  |                                    |   |  |
|--|------------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY _____   |                                    | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY _____                                |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis</u>  |                                    | c. CITY OR TOWN <u>St. Louis</u>  |  |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                    | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>2917 Easton</u>  |                                    | d. STREET (If outside, give location)<br>ADDRESS <u>2917 Easton</u>   |  |
| Length of stay in lb _____   |                                    | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Andy</u> Middle _____ Last <u>Peterson</u>   |                                    |   | 4. DATE OF DEATH<br>Month <u>1</u> Day <u>25</u> Year <u>59</u>              |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>1 Negro</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>5 - 5 - 02</u>  |
| 9. AGE (In years last birthday)<br><u>56</u>   |                                    | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Laborer</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Atlanta Georgia</u>         |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |                                    | 13a. FATHER'S NAME<br><u>Willie Peterson</u>  | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u>                                  |
| 14. NAME OF HUSBAND OR WIFE<br><u>Eva Mae Peterson</u>   |                                    | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____   | 16. SOCIAL SECURITY NO.<br><u>493-07-1909</u>                                |
| 17. INFORMANT<br><u>Eva Peterson</u>   |                                    | Address<br><u>2917 Easton</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Metastatic Carcinoma of the Liver</u><br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ |                                    |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>156.2</u>                             |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |                                    | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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<br>Hour _____ Month, Day, Year _____<br>a.m. _____ p.m. _____   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <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<br><u>St. Louis</u>                             |
| COUNTY _____   |                                    | STATE<br><u>Mo.</u>   |  |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ on the date stated above; and to the best of my knowledge, from the causes stated.   |                                    |   |  |
| 22a. SIGNATURE<br><u>James T. Dickson</u> (Deputy Registrar)   |                                    | 22b. ADDRESS<br><u>1300 Clark Ave.</u>  | 22c. DATE SIGNED<br><u>1/27/59</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>1 - 30 - 59</u>    | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Father Dickson Cemetery</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis County Mo.</u> |
| 24. FUNERAL DIRECTOR<br><u>McClain-Bannister 4251 Washington</u>   |                                    | 25. DATE RECD. BY LOCAL REG.<br><u>JAN 27 '59</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Carl Smith Mo. m.B.</u>                      |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc., must use any standard nomenclature in their report. No symptoms with or without. All diseases in Part I must be causally related.

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

*Leroy W. Dennis*

Licensed Embalmer No. *4523*

P. O. Address *4251 Hooking*

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.