

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011748

STATE FILE NUMBER

APR 6 1959 Registration District No. 317 Primary Registration District No. 548 Registrar's No. 878

300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webster Groves		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Webster Groves		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 323 W. Pacific		Length of stay in lb 35 YRS.	d. STREET ADDRESS (If outside, give location) 323 W. Pacific		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle RILE Last PETERSON			4. DATE OF DEATH Month 3 Day 30 Year 1959		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-18-1874	9. AGE (In years last birthday) 84	FUNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Dealer		10b. KIND OF BUSINESS OR INDUSTRY Heating	11. BIRTHPLACE (City and state or country) Crocker Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Peter Peterson		13b. MOTHER'S MAIDEN NAME Ray		14. NAME OF HUSBAND OR WIFE Viola Mae Peterson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, No unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. C. P. Mehl Address 5229 Chippewa St. Louis		
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 Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic vascular disease DUE TO (c) _____ 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 2 1/2 hrs. Chr -
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.) 332X			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 332X			
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Mar. 15 1959 to Mar. 30 1959 and last saw ^{her} alive on Mar 30 1959 . Death occurred at 4:15 pm on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE E. Deabaugh M.D. (Degree or title)			22b. ADDRESS Webster Groves Mo		22c. DATE SIGNED 3/31/59.
23a. BURIAL, CREMATION, RENOVATION (Specify) Burial		23b. DATE 4-2-1959	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		23d. LOCATION (City, town, or county) (State) Kirkwood Mo.
24. FUNERAL DIRECTOR Parker-Aldrich Webster ADDRESS Groves Mo.			25. DATE RECD. BY LOCAL REG. 4-1-59		26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Leslie Welch*

Licensed Embalmer No. *40225*

P. O. Address *Wabatec, Iowa*

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.