

MISSOURI DIVISION OF PUBLIC HEALTH AND WELFARE - STANDARD CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 218 PRIMARY REGISTRATION DISTRICT NO. 1003 REGISTRAR'S NO. 6327 STATE FILE NUMBER 61-023029

| | | | | | | |
|---|--|---|---|---|--|-----------------------------------|
| DATE AMENDED | 1. PLACE OF DEATH a. COUNTY | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | | | | |
| | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | Length of stay in 1b | c. CITY OR TOWN St. Louis | | | |
| | c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4823 Rhodes Ave. | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 4823 Rhodes Ave. | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| INSTEAD OF DOCUMENT | 3. NAME OF DECEASED (Type or print) First Middle Last CARL J. PETERSEN | | | 4. DATE OF DEATH Month Day Year July 6 1961 | | |
| | 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1-9-1881 | 9. AGE (last birthday) 80 | |
| | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical Worker-St. Louis Public Service | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | |
| MEDICAL CERTIFICATION | 13a. FATHER'S NAME Neil Petersen | | 13b. MOTHER'S MAIDEN NAME Mary Unknown | | 14. NAME OF HUSBAND OR WIFE Lillie E. Peteresen | |
| | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Address Lillie E. Petersen 4823 Rhodes Ave | | | |
| | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Metastatic Cancer</i> DUE TO (b) <i>Prostate</i> DUE TO (c) <i>177x</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| BY AFFIDAVIT OF | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Senility</i> | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Hour a.m. p.m. Month, Day, Year | | | | | |
| ITEM NO. SHOULD READ | 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 | COUNTY | STATE | |
| | 21. I attended the deceased from <i>3/2/61</i> to <i>7/6/61</i> and last saw her/him alive on <i>7/5/61</i> . Death occurred at <i>7:00 P.</i> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| | 22a. SIGNATURE (Degree or title) <i>Dr. J. A. O. Howard M.D.</i> | | | 22b. ADDRESS <i>2919 So. Kingshighway</i> | | 22c. DATE SIGNED <i>7/7/61</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 23b. DATE <i>July 10, 1961</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>New St. Marcus Cem.</i> | 23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i> | | | |
| 24. FUNERAL DIRECTOR <i>Kriegshausner 4228 S. Kingshighway</i> | | ADDRESS | 25. DATE RECD. BY LOCAL REG. <i>JUL 7 1961</i> | 26. REGISTRAR'S SIGNATURE <i>Loard Smith. M.D.</i> | | |

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 William C White

Licensed Embalmer No. 4291

P. O. Address _____

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.