MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-63-014341

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1167

FILED APR 11 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1	4005
2	4029
3	
4	1
5	1
6	
7	1
8	2
9	581.1
10	
11	
12	46-0
13	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: RICHMOND HEIGHTS — Length of stay in 1b: 2 WEEKS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ST MARY HOSPITAL — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: ST. LOUIS
c. CITY OR TOWN: LADUE — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 8945 LADUE RD — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First EMILY Middle CAROLINE Last PETERSEN

4. DATE OF DEATH: Month APRIL Day 3 Year 1963

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/22/1900
9. AGE (last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): LA CROSSE, WISCONSIN
12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: JOHN GUNDOLF
13b. MOTHER'S MAIDEN NAME: MARY GOLER
14. NAME OF HUSBAND OR WIFE: EUGENE J PETERSEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of
16. SOCIAL SECURITY NO.
17. INFORMANT: E.J. PETERSEN, SR — Address: 8945 LADUE RD

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): Hepatic failure — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Laennec's cirrhosis — 22 years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

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 8-25-59, to 4-3-63 and last saw her alive on 4-3-63
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] MD
22b. ADDRESS: 950 Frances Place, Clayton 5, Mo
22c. DATE SIGNED: 4-4-63

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 4/6/1963
23c. NAME OF CEMETERY OR CREMATORY: CALVARY CEM
23d. LOCATION (City, town, or county): ST. LOUIS (State): MO

24. FUNERAL DIRECTOR: STOCK MORTUARY — ADDRESS: 889S BRENTWOOD
25. DATE RECD. BY LOCAL REG.: 4-5-63
26. REGISTRAR'S SIGNATURE: John C. Murphy 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 embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Paul A Wachter

Licensed Embalmer No. 4787

P. O. Address St Louis, Mo

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.