N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 24 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 6552

Township ..... Primary Registration District No. 1003 Registered No. 1395

City St. Louis (No. 4434, Sexauer St. ..... Ward)

2. FULL NAME Mary Catherine Petschel

(a) Residence, No. 4434 Sexauer St., 7 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30 1927

7. AGE YEARS 6 MONTHS 4 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER

13. NAME Clemens J. Petschel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER

15. MAIDEN NAME Mary M. Korte

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Clemens J. Petschel 4434 Sexauer Cm.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 2/9 1934

19. UNDERTAKER (ADDRESS) W. A. Stock Und. Co. 2117 E. Grand Blvd.

20. FILED ..... 19 J. S. Bredeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 27, 1934, to Feb 7th, 1934

I last saw her alive on Feb 6th, 1934 Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchial Pneumonia

7

107A

Other contributory causes of importance:

Measles

Name of operation ..... Date of .....

What test confirmed diagnosis? Inoculation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) A. J. Gettinger M. D.

(Address) 2745 N Grand Bl.