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.

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

Do not use this space.

NOV 9 1936

791

28291

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 9091

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. City Hosp #1 St. ..... Ward)

A 7974

2. FULL NAME Charles Petensdorf

(a) Residence, No. Ozanam St., Shelter 11 Ward
(Usual place of abode) (If nonresident, give city or town and State)

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 M

4. COLOR OR RACE W

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) Aug 28 1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Wisconsin

FATHER

13. NAME Charles Petensdorf

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Bertha Hoffman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Hosp Inf Mt Kent City Hosp #1

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cemetery DATE 11-1-35 19

19. UNDERTAKER (ADDRESS) Emil Van Fossan C. H.

20. FILED OCT 30 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/23, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/19, 1935, to 8/23, 1935

I last saw him alive on 8/23, 1935. Death is said to have occurred on the date stated above, at 1:10 a.m.

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

Old Hemiplegia results of Cerebral Hemorrhage

Date of onset

93C

Other contributory causes of importance:

Chronic Myocarditis (Degenerative)

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

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) H. L. Joslyn, M. D.

(Address) City Hosp #1