OCT 5 1936

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

Do not use this space.

35845

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 4117a W. Kossuth Avenue St. ..... Ward)

File No. ..... Registered No. 9467

2. FULL NAME Caroline Pettker

(a) Residence, No. 4117a W. Kossuth Avenue St. 10 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 Whitev

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 6, 1866

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69	11	7	

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) Millstadt Mo

FATHER

13. NAME Peter Hartmann

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

MOTHER

15. MAIDEN NAME Magdalina Seib

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

17. INFORMANT (ADDRESS) Mrs. W. J. Schorr 4117a W. Kossuth Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE New Pickers DATE Sept. 16, 1936

19. UNDERTAKER (ADDRESS) Math. Hermann & Son 2161 East Fair Avenue

20. FILED SEP 15 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from September 3, 1935, to September 12, 1936

I last saw her alive on September 12, 1936. Death is said to have occurred on the date stated above, at 3:30 A. M. m.

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

Myocarditis chronic

Date of onset

93C

Other contributory causes of importance:

Gall Bladder infection, Gall Stones

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

What test confirmed diagnosis? ..... 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 [illegible] of deceased? .....

If so, specify .....

(Signed) Dr. J. S. Hoeberle, M. D.

(Address) 3206 Hebert St.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

X7044