

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

36079
Do not use this space.

NOV 15 1937

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **2 1003**
 (c) City **St. Louis, Mo.** (d) Street No. **5431a Oriole Ave.,** St.
 (e) Length of residence in city or town where death occurred **50** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Paul Petschke**

(a) Residence, No. **5431a Oriole Ave.,** St. **7** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Anna Petschke**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 13, 1856**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 9 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Nil**

9. Industry or business in which work was done, as 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) **Germany**

FATHER 13. NAME **Chris Petschke**

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

MOTHER 15. MAIDEN NAME **Christina ?**

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

17. INFORMANT (ADDRESS) **Robert Petschke 5431a Oriole**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters** DATE **10/18/37**

19. FUNERAL DIRECTOR (ADDRESS) **Edith E. Gumbuster 4234 Manchester Ave.**

20. **OCT 18 1937** **J. Bredeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/16/37** 19 **37**

22. I HEREBY CERTIFY, That deceased passed from **Heart** **10/16/37**
 I last saw him alive on **Oct 15, 1937** 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:
Cerebral Hemorrhage Date of onset **930**

Other contributory causes of importance:
Paul's Decline

Name of operation **None** Date of **None**
 What test confirmed diagnosis **clinical** Was there an autopsy? **None**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury **None**, 19 **37**
 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 **None**
 Nature of injury **None**

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify **None**
 (Signed) **Wanda J. Janda** M. D.
 (Address) **705 - Olive St.**

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.

OCCUPATION 10
 FATHER 10
 MOTHER 10

