

1938 NOV 27

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

Order
36483
Do not use this space.

1. PLACE OF DEATH
 (a) County Pettis Registration District No. 668
 (b) Township Sedalia Primary Registration District No. 3082
 (c) City Sedalia (d) Street No. Bothwell Hosp. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Conrad Peterschmidt
 (a) Residence, No. 636 East 5th St. (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 Josie Peterschmidt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 0 27

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cashier
 9. Industry or business in which work was done, as saw mill, bank, etc. Pacific Cafe
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 12 yrs.

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

FATHER
 13. NAME Peterschmidt
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
 15. MAIDEN NAME Do not know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Josie Peterschmidt
Sedalia

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 10/28, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) McLaughlin Bros
Sedalia, Mo.

20. FILED 10/28, 1938 Jean Slack
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27th, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-15, 1938, to 10-27, 1938
 I last saw him alive on 10/26, 1938. Death is said to have occurred on the date stated above, at 8:30 a.m.
 The principal cause of death and related causes, of importance were as follows:
Coronary occlusion
173W
 Date of onset 10/27/38

Other contributory causes of importance:
Operation for strangulated hernia
varicella

Name of operation varicella Date of 10/15/38
 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? no 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) Edwin P. Dyer, M. D.
 (Address) Sedalia Mo

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.

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,

Ralph E. Baker

or by

Registered Apprentice No. _____ working under my personal supervision.

Signed

Ralph E. Baker

Licensed Embalmer No. *2419*

P. O. Address *Sedalia 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 this body is not embalmed, above space should be left blank.

RECEIVED
District Health Officer No. 8
File Number
118/38
Filed