

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

37947
Do not use this space.

DEC 12 1938

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1008**
 (c) City **St. Louis** (d) Street No. **Mo. Baptist Hospital** Registered No. **10274**
 (e) Length of residence in city or town where death occurred **63** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **365 William H. Petering**

(a) Residence, No. **4135 Gano Ave.,** St. **9**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Theresa M. Petering**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 19, 1875**
 7. AGE YEARS **63** MONTHS **10** DAYS **7** If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Painter**
 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) **St. Louis** (STATE OR COUNTRY) **MO.**

FATHER 13. NAME **William H. Petering**
 14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Henrietta Flick**
 16. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

17. INFORMANT **Mrs. Theresa Petering** (ADDRESS) **4135 Gano Ave.,**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park Cem.** DATE **Nov. 29, 1938.**

19. FUNERAL DIRECTOR (NAME) **Wm. F. Paschedag** (ADDRESS) **2825 N. Grand Blvd.**

20. FILED **NOV 28 1938** **J. T. Predeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 26, 1938** 19
 22. I HEREBY CERTIFY, That I attended deceased from **Nov 19**, 19**38**, to **Nov 26**, 19**38**
 I last saw him alive on **Nov 25**, 19**38** Death is said to have occurred on the date stated above, at **3:15am.**
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset **Nov. 18**

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? **Thy. S.** 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? **Yes**
 If so, specify **Lobar Pneumonia** M.D.
 (Signed) **Wm. F. Paschedag** (Address) **508 N. Grand Blvd.**

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,

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address _____

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.