

Dr. McHaney
1939 APR 10 1939

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

10569
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
(b) Township _____ Primary Registration District No. 3014 Registered No. 89
(c) City Jefferson (d) Street No. St. Mary's Hospital 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 Robert Leon Petershagen

(a) Residence, No. 1800 Hough Street 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-30-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
1 4 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
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) Jefferson City, Mo.

FATHER 13. NAME Robert Petershagen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Mo.

MOTHER 15. MAIDEN NAME Mildred E. Stoner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bagnell, Missouri

17. INFORMANT (ADDRESS) Robert Petershagen
Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE river View Cem DATE Mar-30- 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John W. McHaney
Jefferson City, Mo.

20. FILED 3-31-39 Ad. B. K. Speck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27 1939

I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1939 to March 27, 1939, 1939
I last saw him alive on March 27, 1939. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Lobar pneumonia Date of onset 1/30/39
Interlobular emphysema

Other contributory causes of importance: Toxic myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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? No
If so, specify John W. McHaney, M. D.
(Signed) _____

(Address) Jefferson City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

Lerd P. Dulle

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Lerd P. Dulle

Licensed Embalmer No. *3890*

P. O. Address *Jefferson City*

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.