

No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE

BUREAU OF VITAL STATISTICS

FILED AUG 28 1941 91

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 23142  
Registrar's No. 5494

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
ST. LOUIS ALTENHEIM  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5408 S. BROADWAY  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME ANNA PERTUCH

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife HUGO 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased OCT. 1 1857  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>9</u>	<u>-</u>	hr. _____ min.

9. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name UNKNOWN 9  
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN 9  
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant John W. Hoover  
(b) Address 5408 S. BROADWAY

17. (a) BURIAL (b) Date thereof 7/3/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation NEW ST. MARCUS CH.

18. (a) Signature of funeral director J. P. Zindel  
(b) Address 7128 Michigan

19. (a) JUL 3 1941 (b) \_\_\_\_\_  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1  
year 1941 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from June 15, 1941  
to July 1, 1941  
that I last saw her alive on July 1, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocardia

Due to Arteriosclerosis  
Due to Senility

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations 930  
Of autopsy \_\_\_\_\_

Duration 6/2/41

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident; suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence June 1  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

3. Signature Max Stott (M. D. or other) MD  
Address: 512 Duane St. Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

*Joe P. Fendler*

Licensed Embalmer No. *925*

P. O. Address.....

*ST. LOUIS.*

**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, fact should be so stated above.