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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4807

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 1743

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20minutes (Specify whether
In this community 20minutes
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 10 17
(c) City or town St. Louis 3
(If outside city or town limits, write "RURAL") 5
(d) Street No. 3205 Kossuth
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Baby Petentler

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Newborn

6. (b) Name of husband or wife Newborn

6. (c) Age of husband or wife if alive Newborn years

7. Birth date of deceased January 30, 1942 (Month) (Day) (Year)

8. AGE: Years ------ Months --- Days ------ If less than one day hr. 20 min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Newborn

11. Industry or business Newborn

MOTHER FATHER

12. Name Ralph Petentler

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

14. Maiden name Esther Nicely

15. Birthplace (City, town, or county) Kentucky (State or foreign country) 1

16. (a) Informant Ann Morrison
(b) Address St. Louis City Hospital #1

17. (a) Cremation (~~Burial, cremation, or removal~~) (b) Date thereof 9-26-42 (Month) (Day) (Year)
(c) Place: burial or cremation City Crematory

18. (a) Signature of funeral director W. T. White
(b) Address City Hospital No 1

19. (a) FEB 25 1942 (Date received local registrar) (b) 19 J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30, year 1942 hour 4:55 minute A. M.

21. I hereby certify that I attended the deceased from January 30, 1942 to January 30, 1942 that I last saw him alive on January 30, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Prematurity
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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
(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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature W D Hawkins (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 2/3/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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, fact should be so stated above.