

FILED MAY 11 1943

Registration District No. **47**

Primary Registration District No. **3008**

Registrar's No. **120**

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Hickory

(c) Name of hospital or institution: State Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6-57
(Specify whether)

In this community 6-57
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Filora Pretzel

3. (b) If veteran, name war DK

3. (c) Social Security No. DK

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1943 hour 3 minute 10 A.M.

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife F. W. Pretzel

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

7. Birth date of deceased 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-20-1942 to 4-10-1943
that I last saw her alive on 4-15-1943
and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months _____ Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death Chronic myocarditis
Pulmonary tuberculosis

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

Due to _____

Due to _____

10. Usual occupation DK

Other conditions (Include pregnancy within 3 months of death) DK

11. Industry or business _____

Major findings: Of operations _____

MOTHER FATHER { 12. Name DK 9

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

14. Maiden name DK

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

16. (a) Informant Record

(b) Address _____

Of autopsy _____

17. (a) Removal (b) Date thereof 4 19 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Mo

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? _____

18. (a) Signature of funeral director F. O. Roberts
(b) Address Columbia Mo

19. (a) 4-19-43 (b) Jose Morawchoff
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature K. E. Stumm (M. D. or other) 0
Address Fullon Mo Date signed 4/17/43

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

14
2

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.