

S. No. 2
M-9-4-41
v. 5-17-39
X29484

2399

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. **FILED FEB, 9 1944**

Primary Registration District No. **5182**

Registrar's No. **2**

1. PLACE OF DEATH:

(a) County **Cape Girardeau**

(b) City or town **Rural - Shownee Twp.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 days** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cape Girardeau**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **3 miles no. of New Wells.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **1**

3. (a) PRINT FULL NAME **Paul Frederick Petzoldt**

3. (b) If veteran, name war **---**

3. (c) Social Security No. **---**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **9th**
year **1944** hour **10** minute **30** M.

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **---**

6. (c) Age of husband or wife if alive **4 years**

7. Birth date of deceased: **Jan. 1944**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 6** 19**44** to **Jan 9** 19**44**
that I last saw him alive on **Jan 9** 19**44**
and that death occurred on the date and hour stated above.

8. AGE: Years **No** Months **No** Days **3** If less than one day hr. min.

Immediate cause of death: **Detonus neonatorum.**

9. Birthplace **Cape Girardeau County - Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

Due to **Prematurity**

Due to **---**

11. Industry or business **---**

12. Name **Russell Adolph Petzoldt**

13. Birthplace **East Prairie Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Alida Pearl Hemmick**

15. Birthplace **Ferrar Mo.**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **161e**

16. (a) Informant **Russell Petzoldt**

(b) Address **Attenberg, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1-10-44**
(Month) (Day) (Year)

(c) Place: burial or cremation **New Wells, Mo.**

18. (a) Signature of funeral director **Frank Rabmert**

(b) Address **---**

19. (a) **1-10-44** (Date received local registrar) (b) **Henry Roberts** (Registrar's signature)

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? **---**

While at work? (Specify type of place) (Specify type of injury) **---**

23. Signature **Theodore Fisher** (M. D. or other) **1/9/44**
Address **Attenberg, Mo.** Date signed **1/9/44**

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

MOTHER FATHER

1328

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 244-3341
Date Filed 2-7-44

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

B. Meyer

Licensed Embalmer No. 30571

P.O. Address Jackson Mo

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.