

No. 2  
4-13-40  
5-17-39  
I X23159

State File No. \_\_\_\_\_

FILED FEB 9 1944  
Registration District No. 51

Primary Registration District No. 5782

Registrar's No. 3

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

16  
0  
0

1. PLACE OF DEATH:

(a) County: Cape Girardeau

(b) City or town: Rural - Showeek Jura  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community: 3 days  
years, months or days)

3. (a) PRINT FULL NAME: Pauline Betty Petzoldt

3. (b) If veteran, name war: \_\_\_\_\_

3. (c) Social Security No.: \_\_\_\_\_

4. Sex: Female 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 \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased: Jan 6 1944  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

No No 3 hr. 1 min.

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

10. Usual occupation: None

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

12. Name: Russell A. Petzoldt

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

14. Maiden name: Elizabeth A. Newman

15. Birthplace: Farrar Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant: R. H. Petzoldt

(b) Address: Altenburg Mo

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

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director: Fred Habbert

(b) Address: New Wells Mo

19. (a) 1-10-44 (b) Henry W. [Signature]  
(Date received local registrar) (Registrar's signature)

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) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9th  
year 1944 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 6 1944 to Jan 9 1944  
that I last saw her alive on Jan 9 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Sclerous heart disease

Due to: Prematurity

Due to: \_\_\_\_\_

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

Major findings: 161C

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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? Theodore Fischer (Specify type of place) (Means of injury)

23. Signature: Theodore Fischer (M. D. or other) M.D.

Address: Altenburg Date signed: 1-9-44

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**RECEIVED**

District Health Officer No. 4  
District File Number 244-3342  
Date Filed 2-7-44

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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.....

....., 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.**