

FILED DEC 29 1944

1003

Registration District No. 318

Primary Registration District No.

Registrar's No.

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. Anthony Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 days
(Specify whether
 In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 536 Hurck Street
(If rural, give location)
 (e) Citizen of foreign country? ---- (Yes or No)
 If yes, name country ----

3. (a) PRINT FULL NAME

Rose Petsch

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 Married
 6. (b) Name of husband or wife Otto Petsch 6. (c) Age of husband or wife if alive 49 years
 7. Birth date of deceased April 10, 1898
(Month) (Day) (Year)

8. AGE: Years 46 Months 8 Days 6 If less than one day
hr. min.

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

10. Usual occupation Housework at home

11. Industry or business.....

MOTHER FATHER

12. Name Jacob Scott
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Helm
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Otto Petsch
 (b) Address 536 Hurck Street
 17. (a) Burial (b) Date thereof Dec. 20, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Trinity Luth.

18. (a) Signature of funeral director Fendler Und. Co.
 (b) Address 7420 Michigan Avenue
 19. (a) DEC 19 1944 (b) J. F. Bedeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
 year 1944 hour 9 P.M. minute 15 M.
 21. I hereby certify that I attended the deceased from August 15
 1944 to Dec 16 1944
 that I last saw her alive on Dec 16 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma of lung (Primary Carcinoma of left breast) Surgery 10 months ago.
 Duration.....

Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy.....
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (c) 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) (c) Means of injury
 23. Signature J. D. Sullivan M.D.
(M.D. or other)
 Address 421 N. Schirmer Date signed 12-18-44

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 *W W Wilkinson*

Licensed Embalmer No. *3575*

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.