

JUL 11 1945

Registration District No. 317

Primary Registration District No. 3064

Registrar's No. 1714

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 066
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3118 Hartford St.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louise Petermann

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 Widow
6. (b) Name of husband or wife August Petermann 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 15th, 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12: Name Daniel Hellriegel
13: Birthplace _____ Germany
(City, town, or county) (State or foreign country)
14: Maiden name Louise Unger
15: Birthplace _____ Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Katherine Dudeck
(b) Address 6416 West Park Ave

17. (a) Burial (b) Date thereof 7/3/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Road

19. (a) 7-6-45 (b) E. H. Bowden
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th,
year 1945 hour 6 minute _____ P. M.

21. I hereby certify that I attended the deceased from 2-15-44 19____ to 6-30-45 19____;
that I last saw her alive on 6-29-45 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolus Duration 1 hr
Chronic hypertension 94a 10 yro

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?

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

23. Signature E. H. Bowden (M. D. or other) _____
Address 634 North Grand Blvd Date signed 7-3-45

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 Edward J. Beckner

Licensed Embalmer No. 2502

P. O. Address Clepton 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.