S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

#51791

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39631

FILED JAN 5 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11275

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 0
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. 4106 So. Brdwy
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ALBERT PETERMAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Not Known
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
about	78			hr. min.

9. Birthplace not Known
(City, town, or county) (State or foreign country)

10. Usual occupation Baker

11. Industry or business

FATHER
12. Name not known
13. Birthplace " " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name " "
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Rupert Ebner

(b) Address 4106 So. Brdwy

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-24-1945 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathew

18. (a) Signature of funeral director Schumacher Und. Co.

(b) Address 5013 Meramec

19. (a) DEC 23 1945 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec. day 22nd
year 1945 hour 8:45 minute A M.

21. I hereby certify that I attended the deceased from 12/17/45, 19, to 12/22/45, 19;
that I last saw him alive on 12/22/45, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
generalized arteriosclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

97

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Herbert C. Eritz 1315 Lafayette 12/22/45 (M.D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Francis Williams Jr

Licensed Embalmer No. 3565

P. O. Address St Louis 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.