

FILED MAR 31 1946

Registration District No. _____

Primary Registration District No. **1002**

Registrar's No. **1638**

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:
806 Market St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Carlton Hotel (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis Co.
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 806 Market St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANDREW PETERS DORFF

3. (b) If veteran, name war _____ (c) Social Security No. 497-20-2410

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced. Divorced

6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 28 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business Structural Iron Worker

12. Name Carl Petersdorff

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name unknown Hoffman

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Petersdorff
(b) Address 7007 Julian - Humboldt - Mo.

17. (a) Buried (b) Date thereof 2-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Lebanon Cemetery

18. (a) Signature of funeral director James W. Bigger
(b) Address Kirkwood, Mo.

19. (a) FEB 18 1946 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15 year 1946 hour 10:45 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Lung Abscess
San. Tuberculosis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

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

23. Signature Blond Perry (M. D. or other) _____
Address St. Louis Date signed 2/16/46

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

6759

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 Felix Almond

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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.