

FILED MAY 16 1946
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis Mo.,**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3432 Virginia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **43 yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

MISSOURI
(a) State _____ (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3432 Virginia**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Augusta Peterman**

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 _____ 6. (c) Age of husband or wife if alive **19** years **1864**

7. Birth date of deceased: (Month) **Jan.** (Day) **19** (Year) **1864**

8. AGE: Years **85** Months **00** Days **3** If less than one day **13** hr. _____ min.

9. Birthplace **Kentucky**
(City, town, or county) _____ (State or foreign country) _____

10. Usual occupation **ML**

11. Industry or business _____

12. Name **Henry Puthoff**

13. Birthplace **Kentucky**
(City, town, or county) _____ (State or foreign country) _____

14. Maiden name **Caroline Hartlaub**

15. Birthplace **Unknown**
(City, town, or county) _____ (State or foreign country) _____

16. (a) Informant **Henrietta Moschner**
(b) Address **3432 Virginia**

17. (a) **Burial** (b) Date thereof **May 4 1946**
(Burial, cremation, or removal) **Old S. S. Peterman**

(c) Place: burial or cremation _____

18. (a) Signature of funeral director **J. R. Bedeak**
(b) Address **2906 Graydis**

19. (a) **MAY 2 1946** (Date received local Registrar) **J. R. Bedeak** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **May** day **6** hour **6:20** minute **00 AM**
year **1946**

21. I hereby certify that I attended the deceased from **Oct. 1945** to **May 20, 1946**

that I last saw her alive on **April 29, 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic valvular**

Due to **Chronic Myocarditis**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **93**

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) _____ Means of injury _____

23. Signature **J. R. Bedeak** (M. D. or other) _____

Address **3353 Nebraska** Date signed **5-7-46**

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.....

Les J. Budde

Licensed Embalmer No. *3989*

P. O. Address *H. Louis*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. June
Registrar's No. 1008

Registration District No. 318

Primary Registration District No. 1003

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: _____
(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

3. (a) PRINT FULL NAME

Augusta Pelemer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 85 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business

12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____
(b) Address _____
17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (Date received local registrar) (b) J. F. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1946 Hour _____ minute _____ 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 _____

Duration

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

PHYSICIAN

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:
(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, or in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

MAY 25 1946

WHITE PAPER BACK INK—MAKE A PERMANENT RECORD

18781