

#40564

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 31 1946

Registration District No. 318

Primary Registration District No. 1003

State File No. 18783

Registrar's No. 4563

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 7 Days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT
FULL NAME

WILLIAM PETTKER

3. (b) If veteran, name war None
3. (c) Social Security No. 493-07-0906

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cora B.
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased June 22, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 10 27 hr. min.

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

10. Usual occupation Retired Bread Salesman

11. Industry or business

12. Name Fred Pettker
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Cora B. Pettker
(b) Address 3100 Whittier Ave. St. Louis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22, 1946
(Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cem.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave. Maplewood, Mo.
19. (a) MAY 21 1946 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(d) Street No. 3100 Whittier Ave. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month May day 19th
year 1946 hour 12:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 5/12/46
_____, 19____, to 5/19/46, 19____;
that I last saw him alive on 5/19/46, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Bacterial pneumonia
Duration Today

Due to _____
Due to _____

Other conditions Coronary Artery disease and
(Include pregnancy within 3 months of death) 2 years

Cardiac failure
Major findings:
Of operations _____

Of autopsy Pneumonia, Coronary Artery disease

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? (c) Means of injury _____

23. Signature Herbert C. Smith 5/20/46
Address 1515 Lafayette Date signed _____

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

17001

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 3454
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.