

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

State File No. **18784**
Registrar's No. **4721**

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: **City Sanitarium**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 mos. 20 ds.**
In this community **80 yrs.**
(Specify whether 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. **3439a Michigan Ave**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **BERTHA PETZOLD**
3. (b) If veteran, name war **--** 3. (c) Social Security No. **--**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **24**
year **1946** hour **10.15** minute **P**
21. I hereby certify that I attended the deceased from **April 1st** 19**46** to **May 24** 19**46**
or **May 24** 19**46**
that I last saw h_____ alive on _____ and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **Wid**
6. (b) Name of husband or wife **Charles**
6. (c) Age of husband or wife if alive **--** years
7. Birth date of deceased **January 16 1859**
(Month) (Day) (Year)

Immediate cause of death _____
Arteriosclerotic Heart Disease 5yrs.x
Due to _____
Hypertension 5 yrs.x
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
87 4 8 hr. min. **4**
9. Birthplace **Germany**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housework**

PHYSICIAN
Underline the cause to which death should be charged statistically.
Major findings:
Of operations _____
Of autopsy _____

MOTHER FATHER {
11. Industry or business _____
12. Name **Litto**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **(not known)**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)
16. (a) Informant **Clara Robinson**
(b) Address **5400 Arsenal St.**
17. (a) **Burial** (b) Date thereof **5/27/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Hope Cemetery**
18. (a) Signature of funeral director **Wacker-Veldule**
(b) Address **3634 Gravois Ave.**
19. (a) **MAY 27 1946** **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

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 **Wm. Gansler** (M. D. or other) _____
Address **5400 Arsenal** Date signed **5/25/46**

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

17662

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.....

Frank J. McLaughlin

Licensed Embalmer No.....

2645

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.