No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 143

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

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 Hospital (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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Ao
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 6 5120A St. Louis Ave. (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George F. Petsch
3. (b) If veteran, name war
3. (c) Social Security No. 494-09-8325
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Cecilia Petsch
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 24 (Day) 1886 (Year)

8. AGE: Years 61 Months 1 Days 11 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Chemist
11. Industry or business Warner Chemical Co.
FATHER
12. Name Frederick Petsch
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Anna Heppting
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Edith J. Rudolph
(b) Address 5120A St. Louis Ave.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) JAN 5 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5, year 1948 hour 10:45 minute A M.

21. I hereby certify that I attended the deceased from Aug. 10, 1942 to Dec. 30, 1947, that I last saw him alive on Dec. 30, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertension	5 yrs.
Due to	
Due to	
Other conditions Chronic myocarditis (Include pregnancy within 3 months of death) 9-24-47	5 yrs
Cerebral apoplexy 1-4-48	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Richard F. Kimmel (M. D. or other) M.D.
Address 5146 St. Louis Av. Date signed 1-5-48

Jefferson City Printing Co. (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.....Warren A. Carver

Licensed Embalmer No.....3534

P. O. Address.....

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.