No. 2
12-45
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17925

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4551

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: 4130 Margaretta Ave. 1
(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 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4130 Margaretta Ave. 9
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Agnes M. Petring

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Eugene J. Smith

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

7. Birth date of deceased April 29, 1882 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	0	14	hr. min.

9. Birthplace St. Louis (City, town, or county) -0- (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Herman A. Petring
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Agnes Schneider
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Emma Wessels
(b) Address 5077 Vermon Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17,48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Paschedag-Henke
(b) Address 2825 N. Grand Blvd.

19. (a) MAY 16 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th year 1948 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from May 13/48, 19 to May 13 48, 19; that I last saw her alive on May 13 48, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Dilatation	1 da.
Heart	
Acute Indigestion	1 da.

Due to From eating cucumbers

Due to

Other conditions Hypertension (Include pregnancy within 3 months of death) Arty Sclerosis

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) 5/14/48
Address 1875 Madison Date signed

(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.....

Licensed Embalmer No. 2991

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.