

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 27 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23374**  
Registrar's No. **42**

Registration District No. **182**

Primary Registration District No. **5594**

1. PLACE OF DEATH:  
(a) County **JEFFERSON**  
(b) City or town **RURAL - MERAMEC**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**ST. JOSEPH'S HILL 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **11 MOS. - 25 DAYS**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **JOSEPH PETERMAN**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **WIDOWER**  
6. (b) Name of husband or wife **MARY RUDRUFF**  
6. (c) Age of husband or wife if alive **DECEASED** years  
7. Birth date of deceased **NOV 18 1861**  
(Month) (Day) (Year)

8. AGE: Years **86** Months **9** Days **2**  
If less than one day hr. min.

9. Birthplace **ST. LOUIS MO.** (City, town, or county) (State or foreign country)  
10. Usual occupation **CLERK**

11. Industry or business \_\_\_\_\_  
12. Name **JOSEPH PETERMAN**  
13. Birthplace **GERMANY** (City, town, or county) (State or foreign country)  
14. Maiden name **CATHERINE PUTINA**  
15. Birthplace **FRANCE** (City, town, or county) (State or foreign country)

16. (a) Informant **Dr. Louis O. S. J.**  
(b) Address **St. Joseph's Hill, Jefferson**  
17. (a) **Rural** (Burial, cremation, or removal) (b) Date thereof **7-25-48** (Month) (Day) (Year)  
(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **C. W. A. Quack**  
(b) Address **2117 E. Grand St. Phil. J. Hart**  
19. (a) **July 21-48** (Date received local registrar) (b) (Registrar's signature) **140**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MISSOURI** (b) County **ST. LOUIS**  
(c) City or town **PINELAWN** (If outside city or town limits, write "RURAL")  
(d) Street No. **6107 CHARLOTTE** (If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **20** year **1948** hour **8:30 PM** minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **July 29 1947** to **July 20 1948**  
that I last saw him alive on **7-20-48** and that death occurred on the date and hour stated above.  
Immediate cause of death **CARDIAC INSUFFICIENCY DUE TO CHRONIC MYOCARDITIS** Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 5 months of death) \_\_\_\_\_  
Major findings: Of operations **9 30**  
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) (e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_  
23. Signature **J. J. Marder** (M. D. or other) \_\_\_\_\_  
Address **315 S. VAN DE VENTER ST. LOUIS MO.** Date signed **7/20/48**

MOTHER FATHER

45

2-294

195

RECEIVED  
 District Health Officer No. 9,  
 District File Number  
 Date Filed JUL 26 1948

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 A. Moore  
 Licensed Embalmer No. 3041  
 P. O. Address: 2117 E. 1st

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above. not a body 7-12-48