

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED OCT 26 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3461

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>#150</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PINE LAWN.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MO.</u>	
c. LENGTH OF STAY (in this place) <u>11 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>6825 NATL BRIDGE RD.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION, <u>MOTHER OF GOOD COUNSEL HOME</u>			

3. NAME OF DECEASED (Type or Print) <u>ELIZABETH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 18 1951</u>		
a. (First)	b. (Middle)		c. (Last) <u>PETSCHEL.</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW.</u>	8. DATE OF BIRTH <u>MARCH 18, 1871</u>	9. AGE (In years last birthday) <u>80</u>	if UNDER 1 YEAR Months <u>7</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>JOHN SCHAEFFER.</u>		13b. MOTHER'S MAIDEN NAME <u>CHRISTEEN MOENSTER.</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN PETSCHEL.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>KATE ORTWERTH 4124 B SHREVE AV.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-V ascular- Renal disease</u>		Antecedent Causes <u>Old hip fracture non union</u>		<u>10 - Plus</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ca-left breast surgical removed</u>		<u>7 - Yrs. plus</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myo-carditis- Decompensated</u>				<u>7.</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</u> <u>Glaucoma-both eyes; totally blind years</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>10</u> (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Died in the Home of the Incurables.</u>	

22. I hereby certify that I attended the deceased from 11-4- 19 50 to 10-18- 19 51, that I last saw the deceased alive on 10-18- 19 51, and that death occurred at 4:00 A.M. from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>Subd. B. Timm MD</u>		23b. ADDRESS <u>3734- Jennings Road.</u>		23c. DATE SIGNED	
---	--	--	--	------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT. 20, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>	
---	--	--------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>10-19-51</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Timm MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BUCHHOLTZ-MOELLER 5967 W. FLORISSANT AV.</u>	
--	--	---	--	--	--

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

201  
5

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*John S. Dennis*

Licensed Embalmer No. 4194 J

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.