

FILED DEC 1 1951

STANDARD CERTIFICATE OF DEATH

State File No. **39573**
Registrar's No. **9584**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 7 days		d. STREET ADDRESS (If rural, give location) 3120 N. 25th St	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital		20	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) c. (Last) Petring			4. DATE OF DEATH (Month) (Day) (Year) October 27 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Butcher		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH August 7 1873	
				9. AGE (In years last birthday) 78	
				11. BIRTHPLACE (State or foreign country) St. Louis Mo	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Herman Petring		13b. MOTHER'S MAIDEN NAME Louise Netzeband		14. NAME OF HUSBAND OR WIFE Hannah Petring	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Hannah Petring	
				ADDRESS 3120 N. 25th St	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis Gastric Ulcer Surgery ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Bleeding gastric ulcer DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Bleeding gastric ulcer			INTERVAL BETWEEN ONSET AND DEATH 7 6 mo 6 mo
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19a. DATE OF OPERATION 10-24-51		19b. MAJOR FINDINGS OF OPERATION Gastric Ulcer		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5401	

22. I hereby certify that I attended the deceased from **10-15-51**, 19**51**, to **10-27-51**, 19**51**, that I last saw the deceased alive on **10-27-51**, 19**51**, and that death occurred at **6:00** p.m., from the causes and on the date stated above.

23a. SIGNATURE Calvin F. Futz		(Degree or title) D		23b. ADDRESS 4952 Maryland St	
23c. DATE SIGNED 10-29-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE October 31 1951	
		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		24d. LOCATION (City, town, or county) (State) ST. LOUIS CO MO	

DATE REC'D BY LOCAL REG. OCT 30 1951		REGISTRAR'S SIGNATURE Calvin F. Futz		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Futz	
				ADDRESS 4828 Nat Bridge Blvd	

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *Roy E. Jindrich*

Signed.....
Student Embalmer

Licensed Embalmer No. *4275*

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.