

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14653

State File No. \_\_\_\_\_

FILED APR 16 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2691**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>St. Louis</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution? residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lamay</b> <span style="float:right"><b>4850</b></span>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DePaul Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Forder Road</b>		
<b>3. NAME OF DECEASED</b> a. (First) <b>Minnie</b> b. (Middle) c. (Last) <b>Petzold</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>3-20-1952</b>	
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widow</b>	<b>8. DATE OF BIRTH</b> <b>12-31-1871</b>	
<b>9. AGE</b> (In years last birthday) <b>80</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 HRS.: Hours _____ Min. _____		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>At Home</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>13. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
<b>13a. FATHER'S NAME</b> <b>Joseph Templen</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Rose Wahl</b>		<b>14. NAME OF HUSBAND OR WIFE</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Ernest Petzold Jr</b>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Cardio-Vascular Disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute Myocardial Failure</b> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2</b>  <b>2 dn.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>
<b>19a. DATE OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>HH 3X</b>
<b>22. I hereby certify that I attended the deceased from <u>3-25</u>, 1952, to <u>3-19</u>, 1952, that I last saw the deceased alive on <u>3-19</u>, 1952, and that death occurred at <u>4:20 A.M.</u>, from the causes and on the date stated above.</b>				
<b>23a. SIGNATURE</b> <i>Darryl Reich</i> M.D.		<b>23b. ADDRESS</b> <b>5633 So Kingshighway</b>		<b>23c. DATE SIGNED</b> <b>3/21/52</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>3-22-1952</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>New St. Marcus Cemetery</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)		<b>24c. NAME OF CEMETERY OR CREMATORY</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>7900 Gravois Ave. Mo</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>MAR 21 1952</b>		<b>REGISTRAR'S SIGNATURE</b> <i>J. Carl Smith M.D.</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Ziegenhain Bros.</i>
<b>DATE REC'D BY LOCAL REG.</b>		<b>REGISTRAR'S SIGNATURE</b>		<b>ADDRESS</b> <b>6409 Gravois Ave</b>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD PL 2456

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 \_\_\_\_\_

*Sam M. Simon*

Signed .....  
Student Embalmer

Licensed Embalmer No. *4343*

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.