

STANDARD CERTIFICATE OF DEATH

State File No. 33273

FILED SEP 25 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8421

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Washington</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Breton Twp.</i>	
c. LENGTH OF STAY (in this place) <i>34 hrs</i>		d. STREET ADDRESS (If rural, give location) <i>Near Petoski 1100</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bethesda Hospital</i>			

3. NAME OF DECEASED a. (First) <i>Martha</i> b. (Middle) <i>Ellen</i> c. (Last) <i>Nettler</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Aug 31 1952</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb 4 1888</i>	9. AGE (In years last birthday) <i>64</i>	10. UNDER 1 YEAR Months <i>6</i> Days <i>27</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Washington Co. Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>

13a. FATHER'S NAME <i>Klaus Hutterger</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Alvie Nettler</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Ruth Agers Neato Mo</i>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>8/24/52</i>	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Pyelophlebitis</i>			<i>8/24/52</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Acute Cholecystitis</i>			
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Anuria</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>585X to 2x</i>

22. I hereby certify that I attended the deceased from *8-29* 19*52*, to *9-1*, 19*52*, that I last saw the deceased alive on *9-1*, 19*52*, and that death occurred at *12* ^{*30*} m., from the causes and on the date stated above.

23a. SIGNATURE <i>Thos W Stewart M.D.</i>	23b. ADDRESS <i>4660 Maryland St. St. Louis Mo</i>	23c. DATE SIGNED <i>9/3/52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>9-3-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Petoski Masonic Cem</i>
24d. LOCATION (City, town, or county) (State) <i>Petoski Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Mrs. Luther Sparks Petoski Mo</i>
DATE REC'D BY LOCAL REG. <i>SEP 8 1952</i>	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	

SEP 25 1951

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 Murphy L. Spahr

Licensed Embalmer No. 4236

P. O. Address Flat Rivermo

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.