

FILED JUN 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22395

State File No.

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5914 Registrar's No. 62

2790

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

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|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Perry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Wittenberg, Mo.</u> | c. LENGTH OF STAY (in this place) <u>Life</u> | c. CITY OR TOWN <u>Wittenberg</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) <u>0790</u> | |

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|---|-------------|---------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> | b. (Middle) | c. (Last) <u>Petzoldt</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 17, 1953</u> |
|---|-------------|---------------------------|---|

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|----------------------|-------------------------------|---|---------------------------------------|---|---|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>June 11, 1880</u> | 9. AGE (In years last birthday) <u>73</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Min. _____ |
|----------------------|-------------------------------|---|---------------------------------------|---|---|--|

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|--|-----------------------------------|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Perry County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Joseph Mueller</u> | 13b. MOTHER'S MAIDEN NAME <u>Matilda Buenger</u> | 14. NAME OF HUSBAND OR WIFE <u>Otto Petzoldt</u> |
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|--|-------------------------------------|--|--------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Lanson Petzoldt</u> | ADDRESS <u>Wittenberg, Mo.</u> |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Hypertension</u> | | <u>15 years</u> |
| | DUE TO (c) <u>Arteriosclerosis</u> | | <u>15 years</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis</u> | | | <u>3 years</u> |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>331x</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|--|--|---|
| 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) |
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| | | |
|---|--|----------------------------|
| 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? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from Jan 1, 1938, to June 17, 1953, that I last saw the deceased alive on June 17, 1953, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Theodore Fischer</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Altamburg, Mo.</u> | 23c. DATE SIGNED <u>6-20-53</u> |
|--|------------------------------------|---------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>June 21, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Wittenberg, Missouri</u> |
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|---|--|--|---------|
| DATE REC'D BY LOCAL REG. <u>6-20-53</u> | REGISTRAR'S SIGNATURE <u>Joe J. Zellmer</u> <u>250</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Young & Sons Perryville, Mo.</u> | ADDRESS |
|---|--|--|---------|

1901 10 10

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..... Signature of Student Embalmer

Signed.. *K. Allen Young*

Licensed Embalmer No.. *4025*

P. O. Address *Perryville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.