

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3309

State File No. _____

FILED JAN 25 1956

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>548</u>		Registrar's No. <u>59</u>	
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>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER-GROVES</u>		c. LENGTH OF STAY (In this place) <u>7 YRS.</u>		c. CITY OR TOWN <u>WEBSTER-GROVES</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 <u>333 - SPRING - AV.</u>				e. STREET ADDRESS (If rural, give location) <u>333 - SPRING - AV.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GERTRUDE</u>			b. (Middle) _____		c. (Last) <u>PETZEL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 6TH 1956</u>
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>AUG. 7TH 1883</u>		9. AGE (In years last birthday) <u>72 YRS.</u>	If under 1 year Months _____ Days _____	If under 2 mos. Hours _____ Mts. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE-WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT-HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GERMANY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>OTTO - HARTMANN</u>		13b. MOTHER'S MAIDEN NAME <u>SELMA - RAETHNER</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLES - PETZEL (DECD)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Petzel 333 Spring Webster Groves Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>left.</u> DUE TO (c) <u>Arteriosclerotic, vascular</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Has had other small strokes disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> <u>chr.</u>	
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)		331X	
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 <u>July 1952</u> , to <u>Jan 6, 1956</u> , that I last saw the deceased alive on <u>Jan 6, 1956</u> , and that death occurred at <u>7:05 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Deenbaugh M.D.</u>				23b. ADDRESS <u>Webster Groves Mo</u>		23c. DATE SIGNED <u>1/6/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JAN. 9TH 1956</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>1-6-56</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Double</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Brockland Und. Co. 1827 - HOGAN - ST.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert M. Murray*.....

Licensed Embalmer No. *374*

P. O. Address *St. Louis*

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.