

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

AUG 18 1936

791

29217

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **4208** Labadie Avenue

File No.....

Registered No. **8000**

St. Ward)

2. FULL NAME

Henry Petermann,

(a) Residence, No. **4208** Labadie Avenue St. **10** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 28**, 19**36**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Emma Petermann (Graf)**

22. I HEREBY CERTIFY, That I attended deceased from **May 27**, 19**36**, to **July 28**, 19**36**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 17, 1858**

I last saw him alive on **7/28/36**, 19... Death is said to have occurred on the date stated above at **12 noon** m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **77 9 11**

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Baker**

Carcinoma of right lung + metastasis

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Retired**

Primary seat involving

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis MO**

Date of onset

13. NAME **Valantine Petermann**

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14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

Name of operation..... Date of no

15. MAIDEN NAME **Not Known**

What test confirmed diagnosis? **X-Ray** Was there an autopsy? **No**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

17. INFORMANT **Mrs. Emma Petermann** (ADDRESS) **4208 Labadie Avenue**

Where did injury occur? (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Grove** DATE **Aug. 1, 1936**

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER **Math. Hermann & Son** (ADDRESS) **2161 East Fair Avenue**

Manner of injury **No**

20. FILED **JUL 29 1936** **JF Bredeck** Registrar.

Nature of injury **No**

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) **J. H. [Signature]** M. D.

(Address) **3914 W. [Signature]**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

