

No. 2
13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23846

State File No. 6291

AUG 25 1940 791
Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Frederick Dale Petsch

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife Infant 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 13 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 5 12 hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Otto Jacob Petsch
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Loretta Kathryn Robart
15. Birthplace Elvins Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Otto J. Petsch

(b) Address Herculaneum, Mo.

17. (a) Reomval (b) Date thereof 7-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herculaneum, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) JUL 26 1940 (b) J. F. Pudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Herculaneum N.R.
(If outside city or town limits, write "RURAL")
(d) Street No. 0 Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 hr. 11:45 minute _____ M.
year 1940

21. I hereby certify that I attended the deceased from June 12
_____ 1940 to July 25, 1940
that I last saw him alive on July 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart
Duration _____
Due to _____
Due to _____
Other conditions Marasmus
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Ernest L. Hoff (M. D. or other) _____
Address 4500 Olive St Date signed 7-26-40

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

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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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *J. B. Sullivan*
Licensed Embalmer No. *1122*

P. O. Address.....

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.