

FILED SEP 17 1941

791

Registration District No.

Primary Registration District No.

1003

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:
DE PAUL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **15 min.**
(Specify whether
In this community..... **2-Years**
years, months or days)

3. (a) PRINT FULL NAME..... **HAROLD PETSING**

3. (b) If veteran, name war.....
3. (c) Social Security No. **341-10-5308**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife..... **Agnes Petsing** 6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased..... **Jan. 11th., 1893**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 **7** **13** hr. min.

9. Birthplace..... **London** **England**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Technical Adviser**

11. Industry or business..... **Buck X O'Graph Co.**

12. Name..... **Willien Petsing**

13. Birthplace..... **England**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Katherine Bush**

15. Birthplace..... **England**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Agnes Petsing**

(b) Address..... **7222 Burwood Dr.**

17. (a) **Removal** (b) Date thereof **8-24-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Chicago, Ill.**

18. (a) Signature of funeral director..... **Arthur J. Donnelly**

(b) Address..... **3840 LINDELL BLVD.**

19. (a) **AUG 25 1941** (b) **J. Biedler**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **ST. LOUIS**
(c) City or town **Lucas Hunt Village**
(If outside city or town limits, write "RURAL")
(d) Street No. **7222 Burwood Dr.**
(If rural, give location)
(e) Citizen of foreign country? **1** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUG.** day **24**
year **1941** hour **8** minute **2** M.

21. I hereby certify that I attended the deceased from **Aug. 20th** 19**41** to **Aug. 24th** 19**41**; that I last saw him alive on **Aug. 24th** 19**41**; and that death occurred on the date and hour stated above.

Immediate cause of death..... **Coronary Thrombosis** **5 hrs.**

Due to.....

Due to.....

Other conditions..... **94**
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy..... **94**

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..... **P. P. Schrick** (M. D. or other) **M.D.**
Address..... **401 Humboldt Bldg** Date signed **8/24/41**

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SEP 22 1941

*Dr. Postelmate
401 Humboldt Bldg*

6865
6889

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

W.H. VanMatre

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.