S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12059

FILED MAR 31 1942

Registration District No. 784 Primary Registration District No. 114 Registrar's No. 645

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

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town SHREWSBURY (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7827 GARDEN AVE (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community 12 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS

(c) City or town Shrewsbury (If outside city or town limits, write "RURAL")

(d) Street No. 7827 GARDEN AVE. (If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME AUGUST PETERMANN

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 MARRIED

6. (b) Name of husband or wife LOUISE PETERMANN

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased NOVEMBER 19 1860 (Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace ST LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation MACHINEST

11. Industry or business —

FATHER
12. Name VALENTINE PETERMANN
13. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) — (State or foreign country)

16. (a) Informant Louise Petermann

(b) Address 7827 GARDEN AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH-23-1942 (Month) (Day) (Year)

(c) Place: burial or cremation NEW PICKERS CEM.

18. (a) Signature of funeral director Parker Und Co

(b) Address WEBSTER GROVES, W. G.

19. (a) MAR 21 1942 (Date received local registrar) (b) C. H. McHarron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1942 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from April 1941, to March 20, 1942 that I last saw him alive on March 18, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility	
Due to 46 m	
Due to	
Other conditions Myocarditis - Chronic (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? — (Specify type of place)

While at work? — (e) Means of injury —

23. Signature [signature] (M. D. or other) M.D.

Address 812 Kelly Street Date signed 4/21/42

(Licensed Embalmer's Statement on Reverse Side)

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 C. B. Aldrich Jr

Licensed Embalmer No. 1332

P. O. Address Webster Grove Mo

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.