

FILED JUL 9 1946

State File No. \_\_\_\_\_

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 2125

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

6  
1  
4

1. PLACE OF DEATH:

(a) County Cape Girardeau.

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

(c) Name of hospital or institution:  
326 N Middle St  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 1 Year  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau

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

(d) Street No. 326 N Middle  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles J. Petersdorf

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 498-16-8635

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30  
year 1946 hour 4 minute 23 p. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ann Baker

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

7. Birth date of deceased: Dec. 27, 1923  
(Month) (Day) (Year)

Immediate cause of death: Accidental Drowning

Due to: the airplane they were riding falling into the Mississippi river

Due to: \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

22. 7. 23 0

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

183 3/8  
36

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

10. Usual occupation Manager & Salesman

11. Industry or business N.O. Nelson

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Chas Petersdorf Sr.

13. Birthplace Dont Know (City, town, or county) (State or foreign country)

14. Maiden name Lena Baker.

15. Birthplace Dont Know. (City, town, or county) (State or foreign country)

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

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence June 30, 1946

(c) Where did injury occur Cape Girardeau Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In the Mississippi river (Specify place)

16. (a) Informant Paul A Becker

(b) Address St Louis Mo.

17. (a) Removal (b) Date thereof 7/1/46 (Month) (Day) (Year)

(c) Place: burial or cremation Harm Cent.

While at work? yes (Specify place) (b) Means of injury airplane

23. Signature Dr. J. F. Sigmund (M.D. or other)  
Address Jackson Mo Date signed 6/30/46

18. (a) Signature of funeral director L.L. Haman

(b) Address Cape Girardeau Mo

19. (a) 7-1-1946 (b) G. F. Seaman (Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 4  
District File Number 746-2323  
Date Filed 7-8-46

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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..... *A. J. Haman* .....

Licensed Embalmer No. 2865 .....

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.**