

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7224
State File No. _____
Registrar's No. 324

FILED FEB 17 1947

Registration District No. 3

Primary Registration District No. 3066

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
222 Meacham 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 22 Years
years, months or days)

3. (a) PRINT FULL NAME William F. Pertram
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 1880
(Month) (Day) (Year)

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

9. Birthplace Kirkwood Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Kirkwood

11. Industry or business _____

MOTHER FATHER { 12. Name _____ 9

13. Birthplace _____ 9
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ernst Schober

(b) Address 1103 Ralph Terrace, Richmond Heights

17. (a) Burial (b) Date thereof 2-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address 131 W. Argonne Dr. Kirkwood

19. (a) 2-14-47 (b) Anthony J. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 222 Meacham St.
(If rural, give location)
(e) Citizen of foreign country? U.S. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 11
year 47 hour _____ minute _____ 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.

Immediate cause of death torn and mutilated
body after being struck by
eastbound Frisco passenger train

Due to _____
Due to 1646

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

~~X-ray~~

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

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

(b) Date of occurrence February 11, 1947

(c) Where did injury occur? Kirkwood, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Railroad right-of-way Blunt im-

While at work? _____ Means of injury pact

23. Signature Arnold J. Willmann Coroner 3
~~X-ray~~

Address Clayton, Mo. Date signed 2/13/47

(Licensed Embalmer's Statement on Reverse Side)

MAR 20 1947

MAR 20 1947

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

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.