

FILED JUN 14 1947

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 5621

1. PLACE OF DEATH:

(a) County SAINT LOUIS
(b) City or town SAINT LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MISSOURI BAPTIST HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 WEEKS
In this community LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town SAINT LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4372 BIRCHER BOULEVARD
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MISS ELLA PETTKER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE / 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased NOVEMBER 11th, 1887
(Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days 25 If less than one day hr. min.

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

10. Usual occupation _____

11. Industry or business CUPPLES HESSE CORPORATION

12. Name FRED PETTKER

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

14. Maiden name ANNA LAUTH

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

16. (a) Informant LOUISE LIENHOP

(b) Address 4872 BIRCHER BOULEVARD

17. (a) BURIAL (b) Date thereof JUNE 9th, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MOUNT LEBANON CEMETERY

18. (a) Signature of funeral director CALVIN F. FEUTZ

(b) Address 4828 NATURAL BRIDGE BOULEVARD

19. (a) JUN 7 1947 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1947 hour 1 minute 45 AM

21. I hereby certify that I attended the deceased from April 9, 1947 to June 6, 1947
that I last saw her alive on June 6, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma
with large lymph metastases
Due to 6 mo

Due to 50

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

Major findings: Carcinoma Left Breast
Of autopsy None
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 John D. Hayward (M. D. or other) _____
Address Metropolitan Bldg Date signed 6/6/47

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

MOTHER FATHER

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 John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis, 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.