

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25527

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1681

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | |
| b. CITY (If outside corporate limits, write RURAL and give town) Richmond Heights | | b. COUNTY St. Louis | |
| c. LENGTH OF STAY (in this place) 12 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 7314 Goff Ave. | | d. STREET ADDRESS (If rural, give location) 7314 Goff Ave. | |

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|---|--|----------------------------------|--|--|--|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Katie | | b. (Middle) Caroline | | c. (Last) Petrus | | 4. DATE OF DEATH (Month) (Day) (Year) July 10, 1950 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | | 8. DATE OF BIRTH Jan. 19, 1878 | | 9. AGE (In years last birthday) MONTHS DAYS HOURS MIN. 72 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Hermann, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME Henry Schwartz | | 13b. MOTHER'S MAIDEN NAME Rosina Niedhardt | | 14. NAME OF HUSBAND OR WIFE Gustave | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Leona Reik, 7314 Goff Ave. | |

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|---|--|---|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of stomach | | INTERVAL BETWEEN ONSET AND DEATH 6 mo. | |
| | | ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 151x | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |

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|--|--|--|--|---|--|
| 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from Jan 1, 1942, to July 10, 1950, that I last saw the deceased alive on May 1, 1942, and that death occurred at 2:30 p.m. from the causes and on the date stated above.

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|--|--|--|--|--|--|
| 23a. SIGNATURE (Degree or title) Thorsten A. Dill M.D. | | 23b. ADDRESS Maplewood 171 Mo. | | 23c. DATE SIGNED 7-10-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 7-13-50 | | 24c. NAME OF CEMETERY OR CREMATORY City | |
| | | | | 24d. LOCATION (City, town, or county) (State) Hermann, Mo. | |

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|--|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. 7-11-50 | | REGISTRAR'S SIGNATURE Herbert D. Donker | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Blumer Funeral Home, Hermann, Mo. | |
|--|--|---|--|--|--|

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

1005

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

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.