

DEC'D MAY 10 1939

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH
791  
1008

13112

Do not use this space.

3454

## 1. PLACE OF DEATH

(a) County ..... Registration District No. 2

(b) Township ..... Primary Registration District No. 1

(c) City St. Louis (d) Street No. 3879 Juniata St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

300 Caroline Petty

(a) Residence, No. 3879 Juniata St. 17 (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. Walter Petty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

68 3 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER 13. NAME Lorenz Moskop

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Maria Klein

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Ellen Hamm (ADDRESS) 3409 S. Spring

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Maus. DATE April 14 39

19. FUNERAL DIRECTOR Wm. Schumacher (ADDRESS) 3013 Meramec St.

20. FILED APR 14 1939 J. B. Budick Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/12 1939

22. 3/15 HEREBY CERTIFY, That I attended deceased from 1936, to 4/12, 1939

I last saw her alive on 4/11, 1939. Death is said to have occurred on the date stated above, at 2:30 A. m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis (esp. cerebri) Several years

Chr. Interstitial nephritis

Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 19no

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify none

(Signed) P. G. Moskop M.D.

(Address) 3554 VICTOR ST.

(Licensed Embalmer's Statement on Reverse Side)

St. Louis, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Clarence Rochow, Licensed Embalmer No. 3093

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Clarence Rochow

Licensed Embalmer No. 3093

**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.)**