

MAY 11 1939

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

14244  
Do not use this space.

## 1. PLACE OF DEATH

(a) County BUCHANAN Registration District No. 85  
(b) Township WASHINGTON Primary Registration District No. 1001  
(c) or City ST. JOSEPH, (d) Street No. 701 POWELL ST. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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

316 JENNIE PETTEPIER  
(a) Residence, No. 701 POWELL STREET St.  (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) DIVORCED  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unk.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST 29, 1861  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 7 5  
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE  
9. Industry or business in which work was done, as saw mill, bank, etc. HOME  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MUSCATINE, IOWA.

FATHER 13. NAME KAVIER PETTEPIER

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

MOTHER 15. MAIDEN NAME ELIZABETH BOURJOUS

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

17. INFORMANT (ADDRESS) EMMA SYBIL,  
2329 SO. 4TH. ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE KING HILL CEMETERY DATE APRIL SIXTH, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) FLEEMAN & SON INC.  
1946 COLHOUN. ST. JOSEPH, MO.

20. FILED 4-5 1939 St. Joseph  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 4, 1939, 1939  
22. I HEREBY CERTIFY, That I attended deceased from March 23, 1939, to March 28, 1939  
I last saw her alive on March 23, 1939. Death is said to have occurred on the date stated above, at 4:00 P. M.

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

Myocarditis acute March 9 following Lobar Pneumonia Pneumonia seemed to have cleared up Date of onset 10/9

Other contributory causes of importance:

arteriosclerosis 59 yrs

Name of operation clinical Date of 10/9  
What test confirmed diagnosis? clinical there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury clinical  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
if so, specify \_\_\_\_\_  
(Signature) Charles B. Werner, M. D.  
(Address) 221 North 1st St. Bldg. St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
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 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 E. Rupp*

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph*

**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, above space should be left blank.**