

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

34318

Registration District No.

791

Primary Registration District No.

Registrar's No.

8856

1. PLACE OF DEATH:

- (a) County St. Louis Missouri
 (b) City or town St. Louis Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: BARNES HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME

Walter Petroff 361

3. (b) If veteran,

name war None

3. (c) Social Security

No. Unk

4. Sex

M

5. Color or

race white

6. (a) Single, widowed, married,

divorced married6. (b) Name of husband or wife Elizabeth Petroff

(c) Age of husband or wife if

alive 49 years

7. Birth date of deceased

July 26, 1885

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

54221

hr.

min.

9. Birthplace Unknown

(City, town, or county)

Lithuania

(State or foreign country)

10. Usual occupation

miner Coal

11. Industry or business

MOTHER, FATHER

12. Name

Stanley Petroff

13. Birthplace

Unknown

(City, town, or county)

Lithuania

(State or foreign country)

14. Maiden name

Rose Seligman Petroff

15. Birthplace

Unknown Lithuania

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Elizabeth Petroff

(b) Address

Benton Illinois

17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof 10/19/39

(Month) (Day) (Year)

(c) Place: burial or cremation

Benton Illinois

18. (a) Signature of funeral director

Albert H/ Hoppe

(b) Address

4700 Washington Blvd

19. (a) Date received local health officer's

Oct 17 1939

(b)

J. R. Bradley

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Ill. (b) County _____
 (c) City or town Benton (rural) NR
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
year 1939 hour 2 minute 30 a. M.21. I hereby certify that I attended the deceased from Oct 12, 1939, to Oct 19, 1939, that I last saw him alive on Oct 17, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death

Intracranial hemorrhage post-operative

Duration

14 hr

Due to

left frontal lobe brain tumor3+ mos

Due to

type undetermined

Other conditions

(Include pregnancy within 3 months of death)

55 &

PHYSICIAN

Major findings:

Of operations Undermarked 11 frontal lobetumorOf autopsy Blood clot in subarachnoidbasal cisterna

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)

(a) Means of injury _____

23. Signature

F. R. Bradley

(M. D. or other)

Address

BARNES HOSPITAL

Date signed _____

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 J. G. Sullivan
.....

Licensed Embalmer No. 1122

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, above space should be left blank.