

DEC 22 1941

791

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5718 Neosho Ave. /
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5718 Neosho Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
No Attending Physician

3. (a) PRINT FULL NAME Doris L. Petri

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife C. Roy Petri 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Feb. 25th 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 8 7 hr. min.

9. Birthplace Shipman Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Emil Fischer

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

14. Maiden name Rusina Hadley

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

16. (a) Informant Charles Roy Petri

(b) Address 5718 Neosho Ave.

17. (a) Burial (b) Date thereof 11-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) NOV 3 1941 (b) J. J. Prodeek
(Date received local health officer's certificate) (Registrar's signature)

20. DATE OF DEATH: Month Nov. day 1st
year 1941 hour 5:40 minute P.M. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Coronary Atherosclerosis
Coronary Arteriosclerosis

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

Major findings: Of operations _____
Of autopsy Pending

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? _____

(Specify type of place) _____
While at work? _____ Means of injury _____
23. Signature Thomas F. Callahan (M. D. or other) 3
Address Deport, Missouri Date signed 11/5/41

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 *Ernie A. McDevitt*

Licensed Embalmer No. ~~3953024~~

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.