No. 2
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17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 36633

DEC 22 1941

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 8862

**1. PLACE OF DEATH:**

(a) County

(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: St. Louis City Hospital #1 D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 Days (Specify whether years, months or days)

In this community

**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. 4404a W. Papin St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Bernice Petit

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 Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. (Month) 17th (Day) 1926 (Year)

8. AGE: Years 15 Months 2 Days 21 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation School girl

11. Industry or business

FATHER
12. Name Henry F. Petit
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rhoda Kay
15. Birthplace Salem (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Henry F. Petit
(b) Address 4404a West Papin St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-10-41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem

18. (a) Signature of funeral director Bridgehauer Mortuaries
(b) Address 4828 So. Broadway Blvd.

19. (a) NOV 8 1941 (Date received local registrar) (b) J. F. Bridgeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 7. year 1941 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from October 21. 1941 to November 7. 1941 that I last saw her alive on November 7. 1941 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Pyelonephritis - no stones | ? |
| Due to: Toxic myocarditis | 3 days |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): 133 | |

Major findings:
Of operations
Of autopsy None

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? (e) Means of injury

23. Signature L. O. Mulligan (M. D. or Coroner)
Address 1515 Lafayette Avenue Date signed 11/7/41

(Licensed Embalmer's Statement on Reverse Side)

## 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 Edwin D M Dermit

Licensed Embalmer No. 3024

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**