

S. No. 2
M-2-43
5-17-39
I X35637

Wm. O'Connell
8360
State File No. _____
Registrar's No. 556

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 11 1944

Registration District No. 577

Primary Registration District No. 6076

Registrar's No. 556

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
10,432 Driver Avenue /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 5-Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis ⁹⁶

(c) City or town Overland ¹³
(If outside city or town limits, write "RURAL")

(d) Street No. 10,432 Driver Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sallie Ann Petty

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Charles A

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

7. Birth date of deceased: June 20, 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Humphrey County Tenn. /
(City, town, or county) (State or foreign country)

10. Usual occupation Householder

11. Industry or business _____

MOTHER FATHER { 12. Name George E. Latty

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

14. Maiden name Mary E. Jenkins

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

16. (a) Informant Walter Petty

(b) Address 10,423 Driver Av-Overland

17. (a) Removal (b) Date thereof 3-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kennett, Missouri

18. (a) Signature of funeral director Blumstein Bros. Inc.

(b) Address 2504 1/2 W. Hodson Overland, Mo.

19. (a) MAR 4 1944 (b) E. G. McKeon, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1944 hour 7 minute 47 P. M.

21. I hereby certify that I attended the deceased from 12/16
1943 to Mar 1, 1944
that I last saw her alive on Mar 1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Chor. Myocarditis ^{1 yr}

Due to _____

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

Major findings:
Of operations 938

Of autopsy _____

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 0

23. Signature John S. Lomax (M. D. or other) _____
Address 1000 1/2 E. 12th St. Overland, Mo. Date signed 3/4/44

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 Osceola F. Mueller

Licensed Embalmer No. 3039

P. O. Address Oreland Mo.

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.