No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19238

FILED MAY 22 1947

Registration District No. 318 Hist 70898

Primary Registration District No. 1003

Registrar's No. 4720

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital, Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week Memorial.
(Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 24 17 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3125 So. 7th Street 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ROSE PETKO

3. (b) If veteran, name war ----

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Paul

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased February (Month) 21st, (Day) 1913 (Year)

8. AGE:	Years	Months	Days	If less than one day
	34	2	17	hr. 0 min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Mehl
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Paul Petko
(b) Address 3125 So. 7th, St. Louis, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 12, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Helderle U & L Co.
(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) MAY 10 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th year 1947 hour 8:05 minute P M.

21. I hereby certify that I attended the deceased from 5-2-47, 19 to 5-8-47, 19; that I last saw her alive on 5-8-47, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Embolism	20 min
Due to: Pelvic thrombophlebitis	4-6 Days
Due to: Rt salpingectomy for ruptured ectopic pregnancy	6 days
Other conditions (Include pregnancy within 3 months of death): Ruptured ectopic pregnancy	

Major findings:
Of operations: Rt. tubal pregnancy with rupture
Of autopsy: Pulmonary Embolism

PHYSICIAN

Underline the cause of 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 Francis R Burns, (M. D. or other)

Address 1515 Lafayette Date signed 5-9-47

Jefferson City Printing Co.

(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 Robert Cwheeler

Licensed Embalmer No. 2178

P. O. Address St Louis 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.