

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17589

State File No. _____

4441

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> (b. COUNTY _____)					
b. CITY (If outside corporate limits, write RURAL and give town) <u>St Louis</u>		c. LENGTH OF STAY (In this place) <u>1 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		17 8			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4237 E. Evans Ave</u>				d. STREET ADDRESS (If rural, give location) <u>4237 E Evans Ave,</u>					
3. NAME OF DECEASED (Type or Print) <u>JAMES</u>		a. (First)		b. (Middle)		c. (Last) <u>PETTY</u>			
4. DATE OF DEATH <u>5 - 16 - 49</u>		(Month) (Day) (Year)		5. SEX <u>Male</u> <u>21</u>		6. COLOR OR RACE <u>Col.</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>2-24-1900</u>		9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (State or foreign country) <u>New Madrid Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>MAJOR PETTY</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>USTER PETTY</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-10-7383</u>		17. INFORMANT'S SIGNATURE OR NAME <u>USTER PETTY 4237 E. Evans Ave.</u> ADDRESS _____					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma of lung</u>				DUPLICATE OF (b) <u>Carcinoma of Rectum</u>				3 wks	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____				3 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <u>Mo</u>		46			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>1 B.H.X.</u>					
22. I hereby certify that I attended the deceased from <u>12 Feb</u> , 19 <u>49</u> , to <u>16 May</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6 May</u> , 19 <u>49</u> , and that death occurred at <u>9 p.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>W. A. Muehl</u> (Degree or title) <u>W. D.</u>				23b. ADDRESS <u>3524 Franklin</u>		23c. DATE SIGNED <u>18 May 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>5-20-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson Cem,</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Co, Mo</u>			
DATE REC'D BY LOCAL <u>MAY 18 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Laster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ellis Fun. Home 2820 Stoddard St</u>		ADDRESS _____			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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

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