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FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22158

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1312

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ballwin 4		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 17 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION Manchester Nursing Home		d. STREET ADDRESS (If rural, give location) 5718 Neosho St. 1	

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) Roy	c. (Last) Petri	4. DATE OF DEATH (Month) (Day) (Year) May 27 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 18, 1886	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 5	IF UNDER 1 YEAR Days 9	IF UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Artist	10b. KIND OF BUSINESS OR INDUSTRY Own	11. BIRTHPLACE (State or foreign country) Terrell, Tex. 1	12. CITIZEN OF WHAT COUNTRY? U S A					

13a. FATHER'S NAME Henry Petri	13b. MOTHER'S MAIDEN NAME Bertha Hoelsig	14. NAME OF HUSBAND OR WIFE Dorothy Petri
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Henry Petri	ADDRESS
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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, asthenia, 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) Acute Cardiac failure		sudden
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. myocarditis DUE TO (c) Hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		93d	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 440X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 2, 1949, to May 27, 1949, that I last saw the deceased alive on May 15, 1949, and that death occurred at 8:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Chas Denny</i> (Degree or title) M.D.	23b. ADDRESS Creve Coeur Mo	23c. DATE SIGNED 5-27-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 31, 1949	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. 5-30-49	REGISTRAR'S SIGNATURE <i>Theresa L. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. Hoffmeister Colonial Mort 6464 Chippewa
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Oliver H. B. D.
Jannifer 4-23-61

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 1/2 Broadwa

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.