

RECORDED 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31755**  
Registrar's No. **8565**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2629 Mc Nair Avenue, 18,</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b> d. STREET ADDRESS (If rural, give location) <b>23 2629 Mc Nair Avenue, 18.</b>	
<b>3. NAME OF DECEASED</b> a. (First) <b>Emma</b> b. (Middle) _____ c. (Last) <b>Petty</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Sept. 25th, 1951.</b>	
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>May 13th, 1872</b> <b>9. AGE</b> (In years last birthday) <b>79</b> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 12 HRS. Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housework</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Own Home</b>	
<b>11. BIRTHPLACE</b> (State or foreign country) <b>Saint Louis, Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	
<b>13a. FATHER'S NAME</b> <b>Charles Hohmann</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Emma Harper</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>David Petty</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>	
<b>16. SOCIAL SECURITY NO.</b> <b>Unknown</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>David Petty, 2629 McNair Avenue, 18.</b>	
<b>MEDICAL CERTIFICATION</b>			
<b>18. CAUSE OF DEATH</b> 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.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Chronic Myocarditis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>10-15 yrs.</b>	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____ m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR</b> _____ <b>4722</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>Aug. 2, 1951</u> , to <u>Sept. 25, 1951</u> ; that I last saw the deceased alive on _____, 19____, and that death occurred at <b>8:10P m.</b> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <i>Calvin F. Feutz</i>		<b>23b. ADDRESS</b> <b>1504 So. Grand</b>	
<b>23c. DATE SIGNED</b> <b>9/27/51</b>		<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>	
<b>24b. DATE</b> <b>9/28/51</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Memorial Park Cemetery</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County, Missouri</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Calvin F. Feutz, 4828 Natural Bridge Blvd.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>SEP 28 1951</b>		<b>REGISTRAR'S SIGNATURE</b> <i>Carl Smith</i>	

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed..... *Ralph C. Lindero*

Licensed Embalmer No. 4275

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.