

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

3159

State File No. _____

FILED FEB 2. 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0640**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2226 Chestnut St.		d. STREET ADDRESS (If rural, give location) 21 2226 CHESTNUT ST.	
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES	b. (Middle) CLAUDE	c. (Last) PETTIT	4. DATE OF DEATH (Month) (Day) (Year) 1--18-54
5. SEX M	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH MAY 24-1905
9. AGE (In years last birthday) 48	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAB.	11. BIRTHPLACE (City and State or Foreign Country) MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME CHARLES HENRY PETTIT	13b. MOTHER'S MAIDEN NAME ROSIE RENTFRO	14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. (If you give war or dates of service) 499-03-3085	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ESTELLA EPPS 4750 ASHLAND	
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.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Massive Hemorrhage; Cause: Gunshot wound of chest perforating Rosta arch, suffered when shot with gun in the hands of one Mervin Pettigrew (et al) in front of about 2135 Market St. about 4:15 pm Jan 18, 1954	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Homicide	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Street	21c. (CITY/TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 18 54 4:15	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E981X	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Joseph M. Dwyer		23b. ADDRESS (Degree or title) 1300 Clark	23c. DATE SIGNED 1/21/54
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 1-22-54	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS
DATE REC'D BY LOCAL REG. JAN 21 1954	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. MC CLENDON 4535 WASHINGTON	

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

300
48

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 *John K Cunningham*

Licensed Embalmer No. *4476*

P. O. Address *4700 Hammet*

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.