

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38725

XC 18849001  
REG. 11874 SL6597

State File No. \_\_\_\_\_

BIRTH NO. FILED DEC 2 1955 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10296

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 township) OR TOWN <u>915 N. Grand, St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>42 days</u>	c. CITY OR TOWN <u>St. Louis</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Veterans Administration Hospital</u>		e. STREET ADDRESS <u>26 3517 N. 11th</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or Print) a. (First) <u>Floyd</u> b. (Middle) _____ c. (Last) <u>Petty</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-24-55</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>9-11-16</u>
9. AGE (In years last birthday) <u>39</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Malden, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W. H. Petty</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Corder</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or dates of service) <u>WWII</u>	
16. SOCIAL SECURITY NO. <u>486206029</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, ST. LOUIS, MO.</u> ADDRESS _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma of colon</u> DUE TO (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. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>153x</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____	
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? _____		22. I hereby certify that <u>VA</u> attended the deceased from <u>10-23</u> , 19 <u>55</u> , to <u>11-24</u> , 19 <u>55</u> , <del>and that death occurred at 8:50 pm., from the causes and on the date stated above.</del>	
23a. SIGNATURE <u>H. Luke</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>VAH, ST. LOUIS, MO.</u>	
23c. DATE SIGNED <u>11-24-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>11-25-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fisk, Mo.</u>	
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> ADDRESS <u>4700 Washington Blvd.</u>	
DATE REC'D BY LOCAL REG. <u>NOV 25 1955</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 41  
P. O. Address St. L.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.