

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027331
STATE FILE NUMBER

FILED AUG 1 1958

Registration District No. _____

318

Primary Registration District No.

1003

Registrar's No. 6832

300
1-57

| | | | |
|---|--|---|---|
| 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, give TOWNSHIP only) OR TOWN St Louis | | c. CITY OR TOWN St Louis | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda Hosp | | d. STREET ADDRESS (If outside, give location) 3634 A Park Ave | |
| Length of stay in lb | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Chloe Middle Dian Last Petty | | 4. DATE OF DEATH Month July Day 8 Year 1958 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Feb 4 1932 |
| 9. AGE (In years lost birthday) 26 | | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Unknown |
| 12. CITIZEN OF WHAT COUNTRY? U S | | 13a. FATHER'S NAME Ernest Cary McReaken | |
| 13b. MOTHER'S MAIDEN NAME Pearl | | 14. NAME OF HUSBAND OR WIFE Robert W. Petty | |
| 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. | 17. INFORMANT Address Robert W Petty 3624 A Park Ave |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Salicylate Intoxication (poisoning) | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | E 970.5 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18) See ingested in home at 3634 Park Ave, on or about July exact time unspecified | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. 7: 7 58 7th 1958 p.m. | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | 20f. CITY, TOWN, OR LOCATION COUNTY STATE St Louis Mo |
| 21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at 700 P on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) James E Dryden 3 | | 22b. ADDRESS 1300 Chas | 22c. DATE SIGNED 7/9/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 7/11/58 | 23c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cemetery | 23d. LOCATION (City, town, or county) (State) St Louis County Mo. |
| 24. FUNERAL DIRECTOR Moydell Funeral Home 1926 Allen | ADDRESS | 25. DATE RECD. BY LOCAL REG. JUL 9 '58 | 26. REGISTRAR'S SIGNATURE Carl Smith MD |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Richard K. Schumann*

Licensed Embalmer No. *3395*
P. O. Address *St Louis 49*

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.