

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9424 STATE FILE NUMBER

FILED OCT 26 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>		Length of stay in 1b	c. CITY OR TOWN <u>CRESTWOOD</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>8765 DEL VISTA</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>ELMER</u> Middle <u>PETRE</u> Last <u>PETRE</u>			4. DATE OF DEATH Month <u>OCTOBER</u> Day <u>11</u> Year <u>1961</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>NOV 29 1907</u>	9. AGE (last birthday) <u>53</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAILER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>POST DISPATCH</u>	11. BIRTHPLACE (City and state or country) <u>WATERLOO, ILL.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>ARTHUR PETRE</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH BOO</u>	14. NAME OF HUSBAND OR WIFE <u>ANNA PETRE</u>
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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 <u>No</u>	16. SOCIAL SECURITY NO. <u>—————</u>	17. INFORMANT <u>ANNA PETRE</u> Address <u>8765 DEL VISTA</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ADENOCARCINOMA OF COLON WITH METASTASES</u>	INTERVAL BETWEEN ONSET AND DEATH <u>1 YEAR</u>
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	DUE TO (c) _____
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153.8

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <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.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from <u>MAY 29, 1961</u> to <u>OCTOBER 11, 1961</u> and last saw her/him alive on <u>OCTOBER 11, 1961</u> Death occurred at <u>8:20 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M. D.</u>	22b. ADDRESS <u>BARNES HOSPITAL</u>	22c. DATE SIGNED <u>10/12/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Oct. 14, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM.</u>	23d. LOCATION (City, town, or county) <u>ST. LOUIS CO. MO</u>
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24. FUNERAL DIRECTOR <u>Thomas Kettis</u> ADDRESS <u>2906 Gravois</u>	25. DATE RECD. BY LOCAL REG. <u>OCT 13 1961</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u> M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Eleanore Province

Licensed Embalmer No. 3403

P. O. Address 2906 Grover

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.