

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

6346

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. **791**  
Primary Registration District No. **1003**  
No. **4225 Iowa Ave**

File No.....  
Registered No. **1537**  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **4225 Iowa** St., **24** Ward.

(Usual place of abode)  
Length of residence in city or town where death occurred **14** yrs. **5** mos. **7** ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Female  
**4. COLOR OR RACE** White  
**5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Single

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) Sept 5 1912

**7. AGE** YEARS MONTHS DAYS  
14 5 7 If LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work School Girl.  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

**9. BIRTHPLACE** (CITY OR TOWN) St Louis  
(STATE OR COUNTRY) Mo.

**10. NAME OF FATHER** Fred C. Petry

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) St Louis  
(STATE OR COUNTRY) Mo.

**12. MAIDEN NAME OF MOTHER** Alma Pope

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) St Louis  
(STATE OR COUNTRY) Mo.

**14. INFORMANT** Fred C. Petry  
(Address) 4225 Iowa

**15. FILED** FEB 14 1927  
1927 Maul & Starckoff Registrar

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) Feb. 12 1927

**17. I HEREBY CERTIFY**, That I attended deceased from Feb. 6 1927, to Feb 12 1927 that I last saw him alive on Feb 12 1927 and that death occurred, on the date stated above, at 9:35 A. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Influenza

**CONTRIBUTORY** (SECONDARY) 11 B

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH. N.O. DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS.

(Signed) Peter G. Mockup, M. D.

1927 (Address) 3554 Victor St.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Lakewood Park

2-15 1927

**20. UNDERTAKER**

ADDRESS 3015

W. Schumacher, Winamuse

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD

OK  
References