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

Do not use this space.

38501

1. PLACE OF DEATH

County ——

Township ——

City St Louis (No. ..... St. ..... Ward)

Registration District No. 791

Primary Registration District No. 1003

File No. .....

Registered No. 11178

2. FULL NAME Mary Petranich

(a) Residence 1225 1/2 S. 6th St. Ward 22 (If nonresident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or [redacted] OF): Mary Petranich

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 22nd 1860

7. AGE: Years 67 | Months 1 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Awning Maker

(b) General nature of industry, business, or establishment in which employed (or employer): Making Awnings

(c) Name of employer: Wenzel T. A. Co

9. BIRTHPLACE (CITY OR TOWN) ——

(STATE OR COUNTRY): Austria

PARENTS

10. NAME OF FATHER: Matthew Petranich

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ——

(STATE OR COUNTRY): Austria

12. MAIDEN NAME OF MOTHER: Micheline Pattalia

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ——

(STATE OR COUNTRY): Austria

14. INFORMANT: Mary Petranich

(Address) 1225 1/2 S. 6th St.

15. FILED: DEC 14 1927 Mary C. Starkoff, REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 13 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 5th, 1927, to Dec. 13th, 1927, that I last saw her alive on Dec. 7th, 1927, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 92A 93C 106B

Chronic Myocarditis + Mitral Insufficiency (duration) 7 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY): Chronic Bronchitis + Bronchial Asthma (duration) 5 yrs. — mos. — ds.

Non Tubercular

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? X

DID AN OPERATION PRECEDE DEATH? No DATE OF X

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? No

(Signed) Walter E. Franks, M. D.

12-14, 1927 (Address) 1405 D. Blossom

*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: St Peter and Paul

DATE OF BURIAL: Dec 16 1927

20. UNDERTAKER: John P. Collins

ADDRESS: 928 N Grand