

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.

JUN 27 1930 96

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

Do not use this space.

17284

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City (No.)

Registration District No. 1123
Primary Registration District No. 8248 E

File No. _____
Registered No. 157
St. _____ Ward

2. FULL NAME Teresa Rose Petitti

(a) Residence. No. 321 Degenhart St. _____ Ward. _____

(Usual place of abode)
Length of residence in city or town where death occurred 7 yrs. 8 mos. 19 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 Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 3, 1922

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
7 8 19

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis County
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Nicholas Petitti

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Italy

12. MAIDEN NAME OF MOTHER Rose Marcella

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

14. INFORMANT Nicholas Petitti
(Address) 321 Degenhart, St. Louis Co., Mo.

15. FILED 5/23/30 L. C. Abrock
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22, 1930

17. I HEREBY CERTIFY, That I attended deceased from May 18th, 1930, to May 22d, 1930, that I last saw him alive on May 22d, 1930, and that death occurred, on the date stated above, at 12:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Meningitis
115A
39A
79A

(duration) _____ yrs. _____ mos. 2 ds.

CONTRIBUTORY Otitis Media and Septic Sore Throat
(SECONDARY)

(duration) _____ yrs. _____ mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT A PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? no. DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Joseph Hardy, M. D.
May 22, 1930 (Address) 7602 S. Rindley

*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 Mount Olive Cemetery

DATE OF BURIAL May 24 1930

20. UNDERTAKER

C. Hoffmeister U. & S. Co. ADDRESS 7814 S. Bway

