

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

Do not use this space.

15149

1. PLACE OF DEATH

County St. Louis  
Township St. Louis  
City St. Louis (No. 903)

Registration District No. 903  
Primary Registration District No. 6911

File No. 10  
Registered No. 10  
St. 10 Ward

2. FULL NAME

(a) Residence, No. Mary Elizabeth Petchall St. 10 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Alexander Petchall</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 4, 1864</u>		
7. AGE <u>68</u>	YEARS <u>3</u>	MONTHS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		11. Total time (years) spent in this occupation <u>33</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year) <u>March 1937</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
13. NAME <u>Robert Long</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
15. MAIDEN NAME <u>Mary Elizabeth Petchall</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
17. INFORMANT (ADDRESS) <u>Mary Elizabeth Petchall</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Louis, Mo.</u> DATE <u>4/17</u> 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>John C. Petchall</u>		
20. FILED <u>4-17</u> 19 <u>37</u> <u>John C. Petchall</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1937 to April 15, 1937  
I saw him alive on April 15, 1937 Death is said to have occurred on the date stated above, at 8:00 p.m.  
The principal cause of death and related causes of importance were as follows:  
Broken Haemorrhage - Date of onset 4-2-37  
Arterio Sclerosis

Other contributory causes of importance:  
Arterio Sclerosis

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in the following:  
Accident, suicide, or homicide? None Date of injury None, 1937  
Where did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify None  
(Signed) B. J. Rose, M. D.  
(Address) St. Louis, Mo.

