

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1001
City St. Louis, Mo. (No. 4904 Itaska Street

File No. 24898
Registered No. 6312
St. Ward)

2. FULL NAME

Claud A. Pettit
(a) Residence, No. 4904 Itaska Street St. 14 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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 (Use the word) MARRIED		
3A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Beatrice Pettit				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12th, 1877				
7. AGE	YEARS 56	MONTHS 1	DAYS 7	IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk (Assessor's Office)				
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).....			11. Total time (years) spent in this occupation.....	

12. BIRTHPLACE (CITY OR TOWN) **White Oak,**
(STATE OR COUNTRY) **Illinois**

13. NAME **Joseph Pettit**

14. BIRTHPLACE (CITY OR TOWN) **Illinois**
(STATE OR COUNTRY)

15. MAIDEN NAME **Mary Morton**

16. BIRTHPLACE (CITY OR TOWN) **Illinois**
(STATE OR COUNTRY)

17. INFORMANT **Beatrice Pettit**
(ADDRESS) **4904 Itaska Street**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Hiram** DATE **July 22nd** 19. **33**

19. UNDERTAKER **Wick Bros**
(ADDRESS) **2201 S. Grand Boulevard**

20. FILED **1** 19 **33**
J. Bredek
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 19th, 1933**

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **4:00 P. M.**

The principal cause of death and related causes of importance were as follows:

My doctor advised, Pneumonia
Date of onset

Office self administered -

1637 **suicide**

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **suicide** Date of injury **July 19, 1933**

Where did injury occur? **St. Louis, Mo.**

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) **J. Bredek**

(Address) **St. Louis, Mo.**

12/33

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.

AUG 20 1933

OCCUPATION
FATHER
MOTHER

Coroner's Court
Coroner's Court