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

Do not use this space.

31122

File No. 7812

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 3438, Pennsylvania St. Ward)

Registration District No. 791

Primary Registration District No. 008

2. FULL NAME Marie E. Petry

(a) Residence, No. 3438 Pennsylvania St., 24 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 5 th. 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	76	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

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) (STATE OR COUNTRY) Germany

FATHER

13. NAME Carl Metzger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME UnKnown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Ed Petry
(ADDRESS) 3442 Nebraska

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE Sept. 11th 1933

19. UNDERTAKER Wm Schumacher
(ADDRESS) 3013 Meramec St.

20. FILED SEP 11 1933 J. H. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7th 1933

22. I HEREBY CERTIFY, That I attended deceased from August 19, 1933, to Sep. 7, 1933
I last saw her alive on Sep. 7, 1933. Death is said to have occurred on the date stated above, at 9:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Cardiac Auricular fibrillation	about 4 yrs
Other contributory causes of importance:	
Cerebral Hemorrhage	Aug 19 1933
Hemiplegia left side	

Name of operation — Date of

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (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? No
If so, specify

(Signed) Leo P. Young, M. D.
(Address) Federal Bldg. 2621 S. Jefferson

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

2.0.
2621 S. Jefferson
7-8 P.M. 11 to 12 AM