WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

SEP 16 1935

791

27803

1. PLACE OF DEATH

County..... Registration District No. 1003 File No.....

Township..... Primary Registration District No..... Registered No. 6854

City..... (No. Christian Hospital St. ..... Ward)

2. FULL NAME Conrad Petrus

(a) Residence, No. 1320 Bayard St., 6 Ward. (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: M

4. COLOR OR RACE: W

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lucy Petrus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 25, 1878

7. AGE: YEARS 56 MONTHS 11 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Eli-Walker D.G.Co.

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): Mo.

FATHER

13. NAME: Fritz Petrus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk

17. INFORMANT: Mrs. Jolanda Edgar
(ADDRESS) 1320 Bayard St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mo. Cemetery DATE 8/12/1935

19. UNDERTAKER: Hy. Leidner Und. Co.
(ADDRESS) 1417 N. Market

20. FILED AUG 11 1935 J. E. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 10th, 1935

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 11:30 A.m.

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

	Date of onset
Septic Pneumonia (Lobar - bilateral) due to fracture of ribs and spine received when jumping a passing box car at Eli Walker Co. (Box Collapsed)	1 day

Other contributory causes of importance:

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

What test confirmed diagnosis?..... Was there an autopsy? yes.

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

Accident, suicide, or homicide? Accid. Date of injury Aug. 25, 1935

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. Industry

Manner of injury Fall

Nature of injury as above.

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

If so, specify as above

(Signed) Harold Gehlmann, M. D.

(Address) Dexter

8/10/35