APR 11 1935

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

Do not use this space.

8668

File No. 2923

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County: St Louis

Township:

City: St Louis (No. City Hospital St. Ward)

A 17343

2. FULL NAME: Herman D. Pettibrick

(a) Residence, No. 10 Hodiamont St. Ward X
(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: M

4. COLOR OR RACE: W

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): abt. Sept. 1898

7. AGE: YEARS: abt. 37 MONTHS: — DAYS: — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Detroit Michigan

FATHER

13. NAME: John (Detroit)

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

MOTHER

15. MAIDEN NAME: Anna (Link)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

17. INFORMANT (ADDRESS): Hosp. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL: PLACE Washington U. DATE 3-2 1936

19. UNDERTAKER (ADDRESS): Walter Bichter 3570 Rutger St.

20. FILED MAR 17 1936 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/26/36

22. I HEREBY CERTIFY, That I attended deceased from 2/3, 1936, to 2/26/36 1936

I last saw him alive on 2/26/36 Death is said to have occurred on the date stated above, at ....m.

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

	Date of onset
Pulmonary tuberculosis	

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) H. L. Joslyn, M. D.

(Address) City Hospital

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.