

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.

APR 9 1937

1. PLACE OF DEATH

County
Township
City St. Louis

Registration District No.
Primary Registration District No.
(No. Josephine Hospital)

791
1003

File No. 10309
Registered No. 2878
St. Ward)

2. FULL NAME

Anna Myrtle Petri

(a) Residence, No. 5237a Alaska Ave. St. 15 Ward. 1

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27th, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
63 0 15

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

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) St. Louis, Mo.

FATHER 13. NAME A. Stahl

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mr. Lewis A. Petri
3100 N. Grand Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles Cem. DATE March 15, 1937

19. UNDERTAKER (ADDRESS) Wickham Naval
1905 Union Blvd.

20. FILED MAR 15 1937 Registrar. J. P. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1937, to Mar 12, 1937. I last saw her alive on Mar, 1937. Death is said to have occurred on the date stated above, at 4:10 A.M.

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

Pernicious anemia
71

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) Jos. Messaler, M. D.
(Address) 3504 N. 14th St.

899
321

3564 No. 14 OK

Cc. 9794

Co. 5847

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