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

Do not use this space.

33006

OCT 14 1937

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1008

City ST. LOUIS (No. MISSOURI PACIFIC SP. St. ..... Ward)

File No. .....

Registered No. 9060

2. FULL NAME BERNARD GEO. PETRI.

(a) Residence, No. 2234 No. 56th St., N.R. Ward. Washington Park - Ill.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 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)
MALE	WHITE	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): OCT. 11, 1898

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
38	11	16	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: TERMINAL RAILROAD

10. Date deceased last worked at this occupation (month and year): AUG 28, 1937

11. Total time (years) spent in this occupation: 14

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MILLSTADT ILL.

FATHER

13. NAME: HENRY PETRI

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MILLSTADT. ILL.

MOTHER

15. MAIDEN NAME: JOSEPH REUTER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ST. LOUIS MO.

17. INFORMANT (ADDRESS): Birdie Petri EAST ST. LOUIS, ILL

18. BURIAL, CREMATION, OR REMOVAL — PLACE: EAST ST. LOUIS ILL. DATE: SEPT. 30, 1937

19. UNDERTAKER (ADDRESS): Kassly Und. Co. EAST ST. LOUIS, ILL

20. FILED SEP 28 1937 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1937 to Sept 27, 1937

I last saw him alive on Sept 27, 1937 Death is said to have occurred on the date stated above, at 3:30 p.m.

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

	Date of onset
LUNG ABSCESS Cause unknown non T.B	

Other contributory causes of importance: PLEURAL EFFUSION Cause unknown

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? No

If so, specify .....

(Signed) A. J. Light, M. D.

(Address) Mo Pac Hosp.

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

50M-10-22-36 1 X9314

Statement by Licensed Embalmer

I, John Fitzgerald, Licensed Embalmer No 131

hereby certify that the body recorded on the reverse side of this certificate

was embalmed by By me L.E. _____

No. _____ or by _____, Registered Apprentice No _____
working under my personal supervision.

Signed John Fitzgerald.

Licensed Embalmer No 131