

FEB 12 1938

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

767  
Do not use this space.

791 1/2  
1003

Registered No. 623

1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No.....  
(c) City St. Louis (d) Street No. 3957 Bowen St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Fred C. Petry 360  
(a) Residence, No. 3957 Bowen St. 7  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-7-1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
50 0 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bookkeeper  
9. Industry or business in which work was done, as 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. Jacob, Ill.

FATHER 13. NAME Phillip Petry

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

MOTHER 15. MAIDEN NAME Barbara Messinger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy, Ill.

17. INFORMANT (ADDRESS) Mrs. C. Petry 3957 Bowen

18. BURIAL, CREMATION, OR REMOVAL PLACE N. S. Peter + Paul DATE 1-19-1938

19. FUNERAL DIRECTOR (ADDRESS) Southern Und Co 6322 S Grand

20. FILED FEB 18 1938 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16-1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1936 to Jan 16 1938  
I last saw him alive on Jan 16 1938 Death is said to have occurred on the date stated above, at 9:30 pm.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of appendix, primary and caecum

Other contributory causes of importance: None

Name of operation exploratory Date of 1/8/38  
What test confirmed diagnosis? Microscopy Was there an autopsy? Yes

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) Jay L. Whippert, M. D.  
(Address) 7702 Army

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Frank Ludwig, Licensed Embalmer No. 2504

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

L. E. Frank Ludwig

No. 2504 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Frank Ludwig

Licensed Embalmer No. 2504

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**