

REC'D MAY 10 1938

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

13350

Do not use this space.

3954

## 1. PLACE OF DEATH

(a) County..... Registration District No. 791  
(b) Township..... Primary Registration District No. 1008  
(c) City St. Louis (d) Street No. Josephine Hospital 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 Donald Petri 360

(a) Residence, No. 2632 Oregon St. 23  
(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) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil  
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) St. Louis  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Elmer Petri

14. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Lillian Hricko

16. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Missouri

17. INFORMANT Elmer Petri  
(ADDRESS) 2632 Oregon Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus Cem DATE Apr. 28, 1938

19. FUNERAL DIRECTOR Weick Bros.  
(ADDRESS) 2201 So. Grand Blvd.

20. FILED APR 28 1938 J. F. Brudick  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-25, 1938 to 4-28, 1938

I last saw him alive on 4-27, 1938 Death is said to have occurred on the date stated above, at 3:30 m.

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

Galbladder Heart Date of onset 4-22-38  
Cholera, Congenital

Other contributory causes of importance:  
Acute Hepatitis 4-24-38  
cause by heart not closing up  
after cold was cut.

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 4-23-38

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.....  
up to failure of heart to close after cold was cut

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....  
(Signed) J. F. Brudick, M. D.

(Address) 3844

Baumgartner  
2844 S California

STATEMENT BY LICENSED EMBALMER

I, Chas. W. Cooper, Licensed Embalmer No. 3830

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed Chas W Cooper

Licensed Embalmer No. 3830

**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.)**