

JAN 12 1940

791

Registration District No.

Primary Registration District No.

## 1. PLACE OF DEATH:

(a) County St. Louis, Missouri /  
 (b) City or town \_\_\_\_\_  
 (c) Name of hospital or institution: City Sanitarium  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 28 days  
 19yrs. (Specify whether years, months or days)

## 3. (a) PRINT FULL NAME

JEFFERSON PETTY

3rd

8. (b) If veteran, name war

Unknown

8. (c) Social Security No.

Unknown

4. Sex Male5. Color or race White6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Elizabeth Petty6. (c) Age of husband or wife if alive 65 years7. Birth date of deceased May, 8, 1862

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

77

6

25

hr. min.

9. Birthplace

Cooks Station, Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Odd jobs

11. Industry or business

12. Name

Unknown

13. Birthplace

Missouri

(City, town, or county)

(State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Missouri

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

L. Reygenda

(b) Address

5700 Arsenal St17. (a) Burial

(b) Date thereof

12-5-1939

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

St. Peter's Cemetery

18. (a) Signature of funeral director

Reiderwider Funeral

(b) Address

1926 St. Louis Ave19. (a) DEC 5 1939

(b)

J. H. B. B. B.

(Date received local registrar)

(Signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 25  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1406a N. 13th. St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3  
 year 1939 hour 10:46 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 11-1-39  
12-3-39, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him alive on 12-3-39, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Myocarditis 1939x  
Hypertensive Cardio Vaccular  
Cisease 1939x

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work?

(Specify type of place)

(e) Means of injury

23. Signature N. J. Bubbis (M. D. or other)Address 5400 Arsenal Date signed \_\_\_\_\_

WHILE FATHER USE UNFADING BLACK INK—MAKE 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.

I X19311

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....  
.....  
Licensed Embalmer No. 2737  
P. O. Address 1936 St. Louis

**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.)**

**If this body is not embalmed, above space should be left blank.**