

S. No. 2
-11-10-39
v. 5-17-39
-I X21497

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10266
Registrar's No. 347

FILED APR 12 1940

Registration District No. 85

Primary Registration District No. 3001

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WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
(Specify whether
In this community 17 days
years, months or days)

8. (a) PRINT FULL NAME Ronald Lee Petro 360
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 10, 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 17 hr. min.

9. Birthplace St. Joseph, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business ***

MOTHER FATHER { 12. Name Lawrence Patrick Petro
13. Birthplace St. Joseph, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Sophia Ann Kosek
15. Birthplace St. Joseph, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Petro
(b) Address 413 Alabama, St. Joseph, Mo.

17. (a) Burial (b) Date thereof March 28, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director John E. Reif
(b) Address 6054 Pryor Ave.

19. (a) Mar 28, 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph, Mo.
(If outside city or town limit, write "RURAL")
(d) Street No. 413 Alabama
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1940 hour 5 minute 45 A.M.
21. I hereby certify that I attended the deceased from 3-10-40
19____ to Time of death 1940
that I last saw him alive on 3-26- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Fetal atelectasis
Duration short
Due to _____
Due to _____
Other conditions Prematurity
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy no
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) no
(b) Date of occurrence now
(c) Where did injury occur? now
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? now (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) 1
Address St Joseph Mo Date signed 3/28/40

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

John E. Rupp

Licensed Embalmer No. 5986

P. O. Address St. Joseph, Mo.

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.