DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 4 1940

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12128

Primary Registration District No. 111

Registrar's No. 625

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)

In this community 360

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Wellston
(If outside city or town limits, write "RURAL")

(d) Street No. 6456 Ridge Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME Francis J. Petrie.

3. (b) If veteran, name war World War

3. (c) Social Security No. 489-01-1168

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Virginia Petrie.

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased April 4, 1893.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
46	11	25	____ hr. ____ min.

9. Birthplace ? (City, town, or county) New York. (State or foreign country)

10. Usual occupation Clerical work

11. Industry or business United Drug Co.

MOTHER FATHER

12. Name Joseph Petrie.

13. Birthplace Dont know. (City, town, or county) (State or foreign country)

14. Maiden name Theresa Dourgathy.

15. Birthplace Dont Know. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Virginia Petrie.

(b) Address 6456 Rigde Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-1940. (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) MAR 31 1940 (Date received local registrar) (b) R. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th. year 1940 hour 4 minute A.M. M.

21. I hereby certify that I attended the deceased from 3/15, 1940, to 3/29, 1940 that I last saw him alive on 3/24/40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lung abscess	
RH middle lobe	
Due to Pneumonia lobar	
Due to Pneumococcus / 08	
Other conditions Emphysema RH (Include pregnancy within 3 months of death)	

Major findings:
Of operation Bronchoscopy + drainage of abscess
Of autopsy (yes) (not reported)

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) None

(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? (Specify type of place)

While at work? (d) Means of injury

23. Signature Gerard Reilly (M. D. or other)

Address 6125 Barthurst Date signed 3/31/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—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.

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Dr. P. J. Reily
6125 Bartmer Ave.
9.30 to 11 a m
Cabany 5187

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 3454 David C. Gibson, Registered Apprentice No. ..... working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton Ave St

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.