

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Anthony's Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
In this community 17 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 10  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3219 Bailey Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21  
year 1940 hour 1 minute 15 A. M.  
21. I hereby certify that I attended the deceased from 4-17-40  
to 4-21, 1940  
that I last saw him alive on 4-20-40, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Peritonitis Post Operative 26 hrs  
Duration

Due to Gangrenous ruptured appendix  
Acute Appendicitis

Other conditions 121  
(Include pregnancy within 3 months of death)

Major findings: Ruptured Gangrenous Appendix  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? Yes (Specify type of place) \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 3320 70 Grand Date signed 4/22/40

3. (a) PRINT FULL NAME MAMIE PEARL PETTY 30-0

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 493-01-859

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John S. Petty 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased May 11 1899  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>11</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace Selma, Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business Curlee Clothing Co.

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant John S. Petty

(b) Address 3219 Bailey Ave.

17. (a) Burial (b) Date thereof 4/23/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 2117 E. Grand Blvd

19. (a) APR 22 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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

**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. 13041

P. O. Address 2117 E. 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.**