

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23212**
Registrar's No. **5657**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **2915 Meramec St.**
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **CATHERINE PETRY 360**

3. (b) If veteran, name war **---** 3. (c) Social Security No. **---**

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

6. (b) Name of husband or wife **John** 6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **March 27 1865**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	3	4	hr. min.

9. Birthplace **Goetzinger-Luxemburg-Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Unknown**

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

14. Maiden name **Unknown**
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature **John Petry**

(b) Address **2915 Meramec St.**

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

(c) Place: burial or cremation **New SS. Peter & Paul Cem.**

18. (a) Signature of funeral director **J. H. Kethum & Sons, Inc.**

(b) Address **2842 Meramec St.**

19. (a) **JUL 2 1940**
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis 15**
(If outside city or town limits, write "RURAL")
(d) Street No. **2915 Meramec St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **55** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **12** year **1940** hour **2** minute **20 P.** M.

21. I hereby certify that I attended the deceased from **May 27**, 19**40**, to **June 30**, 19**40**

that I last saw **her** alive on **July 1**, 19**40** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis** Duration _____
Chronic

Due to **Arteriosclerosis & Senility**

Due to _____

Other conditions **930**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (Specify means of injury)

23. Signature **Levin A. Judgement** (M.D. or other) _____

Address **234 N. Grand** Date signed **7/1/40**

USE PREVIOUS EDITIONS OF THIS FORM. DO NOT WRITE IN 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.

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120
2842 Meramec St.

P. O. Address St. Louis, 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.