

AUG 25 1940  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 5893

1. PLACE OF DEATH:

(a) County. St. Louis,

(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. Luke's Hospital.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks  
(Specify whether in this community \_\_\_\_\_ years, months or days)

In this community Life time  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Morrison Pettus, 320

3. (b) If veteran, name war. none

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 \_\_\_\_\_

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

7. Birth date of deceased August 6, 1873,  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	11	6	hr. _____ min.

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

10. Usual occupation Trustee of family Estates

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Wm. H. H. Pettus,

13. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Amelia Saugrain,

15. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene C. Pettus

(b) Address 4949 Pershing Ave.

17. (a) Burial. (b) Date thereof 7/13/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Und. Co.

(b) Address 3621 Olive St.

19. (a) JUL 13 1940 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")

(d) Street No. 4371 Westminster Pl.,  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 17<sup>th</sup> day Friday  
year 1940 hour 7:30 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 6/1940  
July 12 1940 to \_\_\_\_\_ 1940  
that I last saw him alive on July 12 7 P- 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis  
Following operation for stone in ureter

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Blot thrombophlebitis  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings: Stone in ureter  
Of operation left-operation (ureterotomy)  
Of autopsy no autopsy

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) (a) Means of injury

23. Signature Harley Crawford (M. D. or other) \_\_\_\_\_  
Address 3720 Washington Date signed July 13/40

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

*Neville D. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address

*3627 Olive 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.**