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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1941 791

Registration District No.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 40254

Registrar's No. 10025

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

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: PARK LANE MEMORIAL HOSP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 DAYS (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4510A EASTON AVE
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME CHARLES PETILL
3. (b) If veteran, name war NONE
3. (c) Social Security No. 488-09-7657
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ROSE
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased AUGUST (Month) 5 (Day) 1883 (Year)

8. AGE: Years 57 Months 3 Days 29 If less than one day hr. min.

9. Birthplace UNKNOWN (City, town, or county) OKLAHOMA (State or foreign country)
10. Usual occupation MOTION PICTURE OPERATOR
11. Industry or business

MOTHER FATHER
12. Name EDWARD PETILL
13. Birthplace (City, town, or county) MO. (State or foreign country)
14. Maiden name CORA DOUBREY
15. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

16. (a) Informant Rose Petill
(b) Address 4510a Easton ave.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-7-40 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director Sullivan & Kelly
(b) Address 1416 N. Taylor ave.
19. (a) DEC 9 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 year 1940 hour 10 minute 20 P. M.
21. I hereby certify that I attended the deceased from Dec. 1, 1940, to Dec. 4, 1940; that I last saw him alive on Dec. 4, 1940; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Empyema
Due to right chest
Due to pneumonia non tubercular result of heavy
Other conditions cold
(Include pregnancy within 3 months of death)
Major findings of operation Fracture right chest
Of autopsy Bleed with blood
Burundi Hyst

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

23. Signature (M. D. or other)
Address 4930 Lindell Blvd Date signed 12-5-40

(Licensed Embalmer's Statement on Reverse Side)

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 Clement McNeill

Licensed Embalmer No. 3732

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.