

No. 2
1-13-40
-17-39
I X23159

Registration District No. 78P Primary Registration District No. 115 State File No. _____ Registrar's No. 208

1. PLACE OF DEATH:
(a) County Saint Louis
(b) City or town W City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6371 Waterman Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Unavailable
years, months or days

3. (a) PRINT FULL NAME Alice J. Petway
3. (b) If veteran, name war. ===== 3. (c) Social Security No. -----

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Henry Petway 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 10, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 1 16 _____ hr. _____ min.

9. Birthplace Cairo Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business Private Family

MOTHER FATHER { 12. Name James Swank
13. Birthplace Charleston, Missouri /
(City, town, or county) (State or foreign country)
14. Maiden name Ellen White
15. Birthplace Tuscumbia Alabama /
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Day
(b) Address 4220b Fairfax Avenue

17. (a) Burial (b) Date thereof Jan. 30, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Charles G. Galt
(b) Address 4107 Finney Avenue

19. (a) JAN 29 1941 (b) R. M. Meredith, Jr.
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saint Louis 91
(c) City or town W City (If outside city or town limits, write "RURAL")
(d) Street No. 6371 Waterman Avenue (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 26
year 1941 hour 4:00 minute PM M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Heart

Due to _____
Due to _____
Other conditions 9504
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy Acute Dilatation of Heart

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) (e) Means of injury _____
23. Signature Louis H. Bacon (M.D. or other) _____
Address Kirkwood, Mo. 1-27 Date signed _____

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

36
3
5

91
53
5

0

3

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.....

James A. Johnson

Registered Apprentice No.....

working under my personal supervision.

Signed.....

James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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, fact should be so stated above.