No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13138

MAY 13 1941

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3568

1. PLACE OF DEATH:

(a) County

(b) City or town ST LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CITY HOSPITAL NO 1-D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 60 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County 17/16

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 3803 POTOMAC ST.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 60 years.

3. (a) PRINT FULL NAME MATHIAS PETRIK

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE D

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JULIA PETRIK

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased JAN. 18. (Month) 1868 (Day) (Year)

8. AGE: Years 73 Months 3 Days 7 If less than one day hr. min.

9. Birthplace BOHEMIA (City, town, or county) X (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business TAILOR

MOTHER FATHER
12. Name FRANK PETRIK
13. Birthplace BOHEMIA (City, town, or county) 8 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace BOHEMIA (City, town, or county) 8 (State or foreign country)

16. (a) Informant JULIA PETRIK
(b) Address 3803 POTOMAC ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/29/41 (Month) (Day) (Year)
(c) Place: burial or cremation SS PETER & PAUL

18. (a) Signature of funeral director Thorkeitis & Son
(b) Address 2906 Gravois Ave

19. (a) APR 26 1941 (Date received local registrar) (b) J M Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1941 hour 3.30 minute P. 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 Traumatic Hemorrhage due to fracture of the skull when struck by an automobile driven by one Ruth Fries, who lost control of her machine while turning from Grand Av. on to Potomac St., causing it to jump the curb, striking the deceased about 11.20 A.M., April 25, 1941. Accident.

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 170
Of autopsy 21 210

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) Accident 000
(b) Date of occurrence 4/25/1941
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place
(Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred Ferry (M. D. or other)
Address [illegible] Date signed 4/26/41

(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

Thos Kitts, Registered Apprentice No.

working under my personal supervision.

Signed Thos Kitts

Licensed Embalmer No. 1619

P. O. Address 2906 Travois.

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

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