S. No. 2
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7679

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. .....

FILED MAR 6 1943

Registration District No. 184 Primary Registration District No. 101 Registrar's No. 465

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis Co. Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs. (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 11 Upper Ladue
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mildred Petit

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Maurice Petit

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Nov. 6, 1911 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
31	3	21	..... hr. ..... min.

9. Birthplace Rock Hill, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Braun
13. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Margaret Coleman
15. Birthplace Fenton, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Maurice Petit
(b) Address 11 Upper Ladue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Hiram Cem.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) MAR 2 1943 (Date received local registrar) (b) C. G. McHarry M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27 year 1943 hour 2 minute 45 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.

	Duration
Immediate cause of death Clothing caught fire from stove in own home.	
Due to 2nd & 3rd degree burns of face, neck, trunk, upper ex-	
Due to tremities and thighs; In-	
Other conditions ternal hydrocephalus; Atrophy	
(Include pregnancy within 3 months of death) of cerebral convolutions	
and widening of sulci; Lipoid	
Major findings: Of operations pneumonia.	
Of autopsy Yes.	

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. 117
(b) Date of occurrence Feb. 27, 1943
(c) Where did injury occur? #11 Upper Ladue (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Own home. (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Louis H. Bragg Jr. Coroner (M. D. or other)
Address Kirkwood, Mo. 3-1-43 Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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

76 2 3

25 18/43

101

39 1962

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 H. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.