

S. No. 2  
M-5-42  
v. 5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MAY 3 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12622  
State File No. 12622  
Registrar's No. 3903

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County of ST. LOUIS  
(b) City or town of ST. LOUIS  
(c) Name of hospital or institution: BARNES HOSPITAL  
(d) Length of stay: In hospital or institution 33 days  
In this community 0 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County 17  
(c) City or town ST. LOUIS  
(d) Street No. 3928A MEREEAU AV.  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Pettes, Katherine Theresa  
3. (b) If veteran, name war NO.  
3. (c) Social Security No. 489-10-4668

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 26  
year 1943 hour 5 minute 30 P. M.

4. Sex FEMALE 5. Color or race WHITE  
6. (a) 2 divorced WIDOW  
6. (b) Name of husband or wife GEORGE PETTES  
6. (c) Age of husband or wife if alive 0 years  
7. Birth date of deceased NOVEMBER 1, 1889

21. I hereby certify that I attended the deceased from 2-15, 1943, to 4-26, 1943;  
that I last saw her alive on 4-26, 1943;  
and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 5 Days 25  
If less than one day 0 hr. 0 min.

Immediate cause of death Hepatic Insufficiency  
Due to Cirrhosis of the liver  
Due to 0

9. Birthplace MISSOURI

Other conditions (Include pregnancy within 3 months of death) 0

10. Usual occupation CLERK

Major findings: Of operations 0

11. Industry or business LIGGETT-MEYERS

Physician 0

12. Name PATRICK MAHER

13. Birthplace IRELAND

14. Maiden name MARGARET MACK

15. Birthplace MO.

16. (a) Informant Mrs. Amy Creamer

17. (a) BURIAL (b) Date thereof APRIL 30-43

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schuer

(b) Address 3125 Lafayette av

19. (a) APR 27 1943 (b) J. F. Brebeck

Of autopsy Cirrhosis of liver, esophageal varices, splenomegaly

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0

(b) Date of occurrence 0

(c) Where did injury occur? (City or town) (County) (State) 0

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? (Specify type of place) (e) Means of injury 0

23. Signature M. C. Abrey (M. D. or other) 0  
Address 0 Date signed 0

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

MOTHER FATHER

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**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 *Joseph B. Vollmer*.....

Licensed Embalmer No. *4014*.....

P. O. Address *3125 Somerset*.....

**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.**