S. No. 2
Rev. 1—2-43
v. 2-17-39
I X 5797

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12623

State File No. 4253

Registration District No. 818 MAY 14 1943

Primary Registration District No. 1003

Registrar's No.

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:
Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Alabama (b) County 1

(c) City or town Blacton
(If outside city or town limits, write "RURAL") 3 N.B.

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME John B. Petty

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Col 2

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 9 (Day) 1914 (Year)

8. AGE: Years 28 Months 7 Days ~~18~~ 24 If less than one day hr. min.

9. Birthplace Cotton Plant (City, town, or county) Alabama (State or foreign country) 1

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Charles Petty
13. Birthplace (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Martha ?
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Service Records,
(b) Address Jefferson Barracks, Mo.,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-4-43 (Month) (Day) (Year)
(c) Place: burial or cremation Clarendon, Ark.

18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood, Mo.,

19. (a) MAY 7 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1943 hour 4:40 minute A. 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 External hemorrhage following stab wound of left femoral artery and vein; Pulmonary Embolism; Duration

Due to inflicted with knife in the hands of one Bertha Turner, Col., in a

Due to restaurant located at 2123 Lucas Ave., about 6:40 P.M. May 2, 1943

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 167
Of autopsy

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) Excusable Homicide

(b) Date of occurrence May 2, 1943

(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?
In Public Place
(Specify type of place)

While at work? (e) Means of injury 3

23. Signature Thomas F. Callanan (M. D. or other)
Address Deputy Coroner Date signed 5-4-43

(Licensed Embalmer's Statement on Reverse Side)

4253

4253

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 John M. Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, Mo

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.