

FILED JAN 9 1943
 Registration District No. **103**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4855 Maffitt 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 176
(If outside city or town limits, write "RURAL")
 (d) Street No. 4855 Maffitt Ave.
(If rural, give location)
 (e) Citizen of foreign country?.....
If yes, name country 0 (Yes or No)

3. (a) PRINT FULL NAME Theresa Petot

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced, widow 2 divorced, widow
 6. (b) Name of husband or wife Rudolph Petot 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased July 10th 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 5 12 hr. min.

9. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business.....

MOTHER FATHER { 12. Name Frank Willi
 13. Birthplace France 5
(City, town, or county) (State or foreign country)
 14. Maiden name Barabara Miller
 15. Birthplace France 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Delonjay

(b) Address 4855 Maffitt Avenue

17. (a) burial (b) Date thereof 12-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Sullivan Brothers,

(b) Address 2849 North Euclid Ave.,

19. (a) DEC 22 1943 (b) J. J. Bresick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22nd
 year 1943 hour 5:10 minute A. M.

21. I hereby certify that I attended the deceased from Dec 22 to Dec 22 1943
 that I last saw her alive on Dec 22 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Ischemia
Due to Myocardial Regeneration 10 years
La Grippe 4 days
 Other conditions Hypertension, Arteriosclerosis
(Include pregnancy within months of death)

Major findings: Of operations..... 92
 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).....
 (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 A. M. Kael (M. D. or other) 12/24/43
 Address 2416 E. Grand Date signed.....

Dr. Krall

2416 ~~1111~~ No. Grand Ave.,

Fr. 4270

a.m.

(10-11) (3-4) today

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... *Albert D. Mayfield*

Licensed Embalmer No. # 3077

P. O. Address. St. Louis, Missouri,

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.