. No. 2
-4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13203

Registration District No. FILED MAY 15 1948

Primary Registration District No. 1003

Registrar's No. 4164

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

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: FIRMININ DESLOGE O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 WEEKS (Specify whether years, months or days)

In this community 50 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 0 00 1112

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

(d) Street No. 5038 PAGE AV. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ELLA PETITJOHN

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEMALE

5. Color or race W

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

6. (b) Name of husband or wife CHARES PETITJOHN

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

7. Birth date of deceased JUNE (Month) 26 (Day) 1879 ~~1880~~ (Year)

8. AGE: Years 64 ~~64~~ ~~63~~ Months 10 Days ~~29~~ 7 If less than one day hr. min.

9. Birthplace LONG ILAND NEW YORK (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

MOTHER FATHER

12. Name WILLIAM CARSON

13. Birthplace LONG ILAND NEW YORK (City, town, or county) (State or foreign country)

14. Maiden name AGNES ADAM

15. Birthplace BALDWIN MO. O (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Margaret Teglen

(b) Address 3622 Stobert St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 6 (Day) 44 (Year)

(c) Place: burial or cremation St Peters Cem

18. (a) Signature of funeral director Mark Hinkman

(b) Address ~~262~~ 4355 Washington

19. (a) MAY 5 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1944 hour minute M.

21. I hereby certify that I attended the deceased from Aug 16 1943, 19, to May 3, 1944 that I last saw her alive on May 3, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis

Due to Carcinoma Breast

Due to

Other conditions (Include pregnancy within 3 months of death) 50

Major findings: Of operations above

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas M Martin (M. D. ~~or other~~)

Address 624 No Grand Date signed 5/4/44

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Howard N Rowland

Licensed Embalmer No. 3114

P. O. Address Ot Louis M

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

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

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of St. Louis }

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 4164

On this 16th day of May, 1944, before me appears Mrs. Meek (Funeral Director), who, upon her oath, states that the original record of ~~birth~~ death for Ella Petitjohn died May 3rd, 1944, in the State of Missouri, and which was filed at St. Louis, Mo. on May 5th, 1944, should be corrected as follows:

Item No. 7 should read June 26, 1879
Instead of June 26, 1880
Item No. 8 should read 64yrs. 10mos. 7days
Instead of 63yrs. 10mos. 7days
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of

Corrected 5-16-44

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Mrs Meek - none
Relationship.

5064 Vernon
Present Address.

Subscribed and sworn to before me this 16 day of May, 1944

My Commission expires My Commission Expires March 4, 1947 Ella Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M-3-42
I X32339

13203