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State File No. _____

FILED APR 23 1944

Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 912

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6308 Wellsmar 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

3. (a) PRINT FULL NAME James S. Pettibone

3. (b) If veteran, name war None

3. (c) Social Security No. 493-09-5750

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Amanda Pettibone

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased February 9, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 3 5 hr. _____ min.

9. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Sole Cutter

11. Industry or business Roberts Johnson Rand Shoe Co

MOTHER FATHER { 12. Name Ashley Pettibone

{ 13. Birthplace Unknown unknown
(City, town, or county) (State or foreign country)

{ 14. Maiden name Daisy Cook

{ 15. Birthplace Unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Amanda Pettibone

(b) Address 6308 Wellsmar Avenue

17. (a) Burial (b) Date thereof April 18, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Avenue

19. (a) APR 18 1944 (b) E. H. McHann, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Wellston
(If outside city or town limits, write "RURAL")

(d) Street No. 6308 Wellsmar Avenue
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14, 1944
year 10 hour 45 minute P M.

21. I hereby certify that I attended the deceased from Apr. 19 - 4.30 to Apr. 14, 1944,
that I last saw him alive on Apr 12, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute congestion of one week the heart.

Due to Chronic nephritis several years

Due to Mitral Stenosis

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

Major findings: Co

Of operations _____

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 _____

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 H. D. Hawker (M. D. _____)

Address 1506 - Hadrianmont Date signed 4-15-44

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

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.....

.....
working under my personal supervision.

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

Signed

John Gorski

..... Licensed Embalmer No.....

3398

..... P. O. Address.....

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.