

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Baby Girl Petit
(b) If veteran, name war NO (c) Social Security No. NO

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased SEPT 29 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
N.B. 0 0 0 7 hr. 0 min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business CHILD

MOTHER FATHER { 12. Name HOWARD PETIT
13. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)
14. Maiden name ROSE MARY PALMER
15. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

16. (a) Informant HOWARD PETIT
(b) Address 4340 MO REE AVE
17. (a) BURIAL (b) Date thereof 9 29 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ST MATTHEWS

18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 S. KING HIGHWAY
19. (a) SEP 30 1944 (b) J. P. Braddock
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County _____
(c) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL")
(d) Street No. 4340 MO. REE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9-28-44 day _____
year _____ hour 5:30 minute _____ M.

21. I hereby certify that I attended the deceased from 9-28-44 19 _____ to 9-28-44 19 _____
that I last saw h. or alive on 9-28-44 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Atelectasis - congenital
Cerebral hemorrhage
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy Atelectasis - Congenital
Cerebral Hemorrhage

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 Joseph G. Viviano (M. D. or other) _____
Address 1325 S. Grand Date signed 9/28/44

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.....

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

working under my personal supervision.

M. Embalming
Signed

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

..... 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.