S. No. 2
M—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1944 18

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 36295

Registrar's No. 10404

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:
5036 Nottingham Ave
(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 Mo (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5036 Nottingham Ave 14
(If rural, give location)

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

3. (a) PRINT FULL NAME Lulu Pettigrew

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Walter V

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased May (Month) 26 (Day) 1889 (Year)

8. AGE: Years 55 Months 6 Days 7 If less than one day hr. min.

9. Birthplace Marys County (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housework

11. Industry or business at Home

FATHER
12. Name Wm Kimzey
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown Burns
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Walter V Pettigrew
(b) Address 5036 Nottingham Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 6 44 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Kriegshauser
(b) Address 4228 So. kingshighway

19. (a) DEC 6 1944 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3
year 1944 hour 4 AM minute M.

21. I hereby certify that I attended the deceased from Sept. 26, 1944, to Dec. 3, 1944;
that I last saw her alive on Nov. 27, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Carcinoma of Uterus, with metastasis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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
(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 R. I. Rigler (M. D. ~~Coroner~~)
Address 4458 Newstead Date signed 12-4-44

(Licensed Embalmer's Statement on Reverse Side)

Dr Rigler

4158

No New Stead

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 Edwin D McDermott

Licensed Embalmer No. 3024

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.