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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 29 1945

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3553

Primary Registration District No. 6076

Registrar's No. 3653

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: ROBERT KOCH HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12/22 44 to Jan 1st 45 (Specify whether

In this community 30 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 006

(c) City or town St Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 323i La Salle (If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME PETTY, Arren

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M 2

5. Color or race col

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

6. (b) Name of husband or wife Ester Petty, formerly Walker

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

7. Birth date of deceased May (Month) 29 (Day) 1901 (Year)

8. AGE: Years 43 Months 7 Days 3 If less than one day ____ hr. ____ min.

9. Birthplace HALCON Co. (City, town, or county) Mo (State or foreign country)

10. Usual occupation factory worker

11. Industry or business

FATHER
12. Name Frank Petty
13. Birthplace Little Rock Ark (City, town, or county) Ark (State or foreign country)

MOTHER
14. Maiden name Laura USHER
15. Birthplace Atlanta (City, town, or county) GA (State or foreign country)

16. (a) Informant Robert Koch Hospital Records

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-45 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (c) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St

19. (a) JAN 5 1945 (Date received local registrar) (b) E. G. McGovran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day first year 1945 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from December 22nd, 1944, to January First, 1945; that I last saw him alive on January First, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	11 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

13 b 1

Major findings:
Of operations
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? (Specify type of place)

While at work? (e) Means of injury O

23. Signature Bernard Friedman (M. D. or other) M.D.

Address Koch Hosp., Koch, Mo. Date signed 1-1-45

(Licensed Embalmer's Statement on Reverse Side)

FEB 5 1945

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~~ L. Boyton, Registered Apprentice No. M/, working under my personal supervision.

Signed Lonnie Boyton

Licensed Embalmer No. 2946

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.