

FILED MAY 28 1946
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 425

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan //
 (c) City or town St. Joseph (Rural)
(If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D. # 6
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Lawrence Patrick Petro

MEDICAL CERTIFICATION

3. (b) If veteran, name war None
3. (c) Social Security No. 487-09-1898

20. DATE OF DEATH: Month April day 12, year 1946 hour 2 minute 45 P.M.

4. Sex Male 5. Color of race White
6. (a) Single, widowed, married, divorced Married

21. I hereby certify that I attended the deceased from Apr 6, 1946 to Apr 12, 1946 that I last saw him alive on Apr 12, 1946 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Sophia
6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased February 22, 1913
(Month) (Day) (Year)

Immediate cause of death: *Spontaneous Heart disease*
Myocardial Infarction & Regurg
Due to _____

8. AGE:	Years	Months	Days	If less than one day
	33	1	20	hr. min.

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

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

Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Packing House Worker

PHYSICIAN
Underline the cause to which death should be charged statistically.
ASB

11. Industry or business Armour & Co.

12. Name Andrew Petro

13. Birthplace Austria
(City, town, or county) (State or foreign country)

14. Maiden name Margaline Kanler

15. Birthplace Washington, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Sophia Petro (Wife)

(b) Address Rt. # 6, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 4/15/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director John E. Rupp

(b) Address 6054 Pryor Ave., City

19. (a) April 16, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) _____

Address [Signature] Date signed 7/14/46

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

MOTHER FATHER

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, ~~only~~.....

..... Registered Apprentice No.
working under my personal supervision.

Signed *John E. Rupp*.....

Licensed Embalmer No. *3986*.....

P. O. Address *St Joseph, Mo*.....

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.