FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 15 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

21225
State File No.
Registrar's No. 5977

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3818 a Cottage avenue 1
(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 Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3818 a Cottage ave 9
(If rural, give location)
(e) Citizen of foreign country? 11 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Joseph Petri
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Albina Petri
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased February (Month) 2 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
69	5	3	hr. min.

9. Birthplace Austria Hungary 4
(City, town, or county) (State or foreign country)
10. Usual occupation Shoe repairer
11. Industry or business self
FATHER
12. Name Joseph Betri
13. Birthplace Austria 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name not known
15. Birthplace mot known 9
(City, town, or county) (State or foreign country)
16. (a) Informant Victoria Embree
(b) Address 3818 a Cottage ave
17. (a) burial (b) Date thereof 7- 8- 48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director A. Krow Hall Co.
(b) Address 2707 N. Grand Blvd
19. (a) JUL 6 1948 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1948 hour 5 minute 45 a M.
21. I hereby certify that I attended the deceased from 4-2, 1948 to 7-5, 1948
that I last saw him alive on 7-4, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Oedema	1 wk
Due to Cardiac failure	2 mo
Due to arterio sclerotic heart disease	?
Other conditions Parkinsons disease (Include pregnancy within 3 months of death)	?

Major findings:
Of operations 9 3 D
Of autopsy 18

PHYSICIAN
Underline the cause of 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 0
23. Signature Hanford Phillips MD (M. D. or other)
Address 1117 N. Union Date signed 7-6-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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.....John S. Denne

Licensed Embalmer No.....4194

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.