

FILED MAY 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16960

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>901-Cunningham Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>901-Cunningham Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Louis</u> c. (Last) <u>Petta</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 14 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 30, 1857</u>
9. AGE (In years last birthday) <u>91</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XXXXXX</u>	11. BIRTHPLACE (State or foreign country) <u>Chester, Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Iena Ded.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>XXXXXX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Martha Kneemiller</u> ADDRESS <u>901-Cunningham St. Charles, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerotic Heart Disease</u> b. ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Generalized Atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>18 Oct.</u> , 19 <u>48</u> , to <u>14 May</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6 May</u> , 19 <u>49</u> , and that death occurred at <u>7:45 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Old Farmers D. M.D.</u> (Degree or title)		23b. ADDRESS <u>114 N. Main St. Charles Mo</u>	23c. DATE SIGNED <u>14 May 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-16-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fee Fee Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pattonville, Mo.</u>
DATE REC'D BY LOCAL REG. <u>5/18/49</u>	REGISTRAR'S SIGNATURE <u>Fannie Abuel</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Baumman Bros. Inc.</u> ADDRESS <u>2504-Woodson Rd.-Overland, Mo.</u>	

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

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9
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RECEIVED
District Health Officer No. 9,
District File Number
MAY 25 1949
Date Filed

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.