

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 17588

Registrar's No. 4665

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>ST. LOUIS</u>)		c. LENGTH OF STAY (In this place) <u>LIFETIME</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		17		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>213 BOWEN ST.</u>				d. STREET ADDRESS (If rural, give location) <u>213 BOWEN ST.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>PHOEBE</u> b. (Middle) <u>JANE</u> c. (Last) <u>PETTIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 24 1949</u>					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>COL.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>NOV. 29-75</u>		
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>25</u>		IF UNDER 2 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>LITCHFIELD ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES KELLY</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO.</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rolla Pettis</u> ADDRESS <u>213 BOWEN ST.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myocarditis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>months</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic endocarditis</u>						<u>months</u>		
DUE TO (c) _____								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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) <u>MO.</u>				
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? <u>4222</u>				
22. I hereby certify that I attended the deceased from <u>Nov 12, 1949</u> , to <u>May 24, 1949</u> , that I last saw the deceased alive on <u>May 20, 1949</u> , and that death occurred at <u>7:45 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Burchard W. Hunt</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>6006 Virginia Ave</u>		23c. DATE SIGNED <u>5-26-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 31, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAKDALE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>		
DATE REC'D BY LOCAL REG. <u>MAY 27 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Casater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Elmer E. Pettis</u>		ADDRESS <u>3030 BELL AVE</u>		

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

[Faint handwritten text, possibly a signature or name, mostly illegible.]

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 *E. L. Harris*

Licensed Embalmer No. *4458*

P. O. Address *3570 Bell Ave*

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.