

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39157

State File No. 9627

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 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 <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>38 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
		d. STREET ADDRESS (If rural, give location) <u>2234 Spruce St. 10</u>	

3. NAME OF DECEASED (Type or Print)		a. (First) <u>George</u> b. (Middle) <u>W</u> c. (Last) <u>Petty</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-- 3 1949</u>	
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5. SEX <u>M</u>	6. COLOR OR RACE <u>col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>widow</u>	8. DATE OF BIRTH <u>3-1-1876</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dray Man</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Hallway Business</u>	11. BIRTHPLACE (State or foreign country) <u>White Bluff Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Henry Petty</u>	13b. MOTHER'S MAIDEN NAME <u>Mittie Wilkin</u>	14. NAME OF HUSBAND OR WIFE <u>Dead</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE, OR NAME <u>Maggie Petty Chicago Ill</u>	ADDRESS <u>2749 Maypole Ave</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Undetermined</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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>67</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Slip</u>
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22. I hereby certify that I attended the deceased from 11-1 1949, to 11-3 1949, that I last saw the deceased alive on 11-3 1949, and that death occurred at 10:18 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Samuel J. Hedrick</u> (Degree or title) M. D.	23b. ADDRESS <u>2601 N Whittier St</u>	23c. DATE SIGNED <u>11-3-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>11-9-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>
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DATE REC'D BY LOCAL REG. OFFICE <u>Nov 8 1949</u>	REGISTRAR'S SIGNATURE <u>J. H. Sasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gus Lowe</u>	ADDRESS <u>2930 Dickson St.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Arthur L. Hilliard

Licensed Embalmer No. *4221*

P. O. Address *4049 St. Germain*

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.