

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42848**  
Registrar's No. **10584**

FILED DEC 27 1949

BIRTH NO. **84224-49** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Madison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS MO 17</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis Mo</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>3801 Potomac</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>ST. ANTHONY'S HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>INFANT</b>	b. (Middle) <b>-</b>	c. (Last) <b>PETRIK</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>12 7 49</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>-</b>	8. DATE OF BIRTH <b>12.7.49</b>	9. AGE (In years last birthday) <b>1</b> IF UNDER 1 YEAR Months <b>7</b> IF UNDER 24 HRS. Hours <b>1</b> Min. <b>46</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U</b>
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13a. FATHER'S NAME <b>ROMAN A PETRIK</b>	13b. MOTHER'S MAIDEN NAME <b>AGNES SCHNEIDERJANS</b>	14. NAME OF HUSBAND OR WIFE <b>-</b>
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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 <b>ROMAN A PETRIK</b> ADDRESS <b>3801 POTOMAC</b>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Premature Infant</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs.</b>	
	ANTECEDENT CAUSES <b>Premature Ruptured Amnion Sac</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>-</b>			<b>24 hrs.</b>
	DUE TO (c) <b>-</b>			
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 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) <b>104</b>
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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? <b>7615</b>
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22. I hereby certify that I attended the deceased from **12.7.49**, 19**49**, to **12.7.49**, 19**49**, that I last saw the deceased alive on **12.7.49**, 19**49**, and that death occurred at **11 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. J. Ryan M.D.</b> (Degree or title)	23b. ADDRESS <b>2602 S. Grand</b>	23c. DATE SIGNED <b>12.9.49</b>
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24a. BURIAL / CREMATION / REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>12-9-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION CEM. ST. LOUIS MO</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>DEC 9 1949 J. B. Sasater</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas Kutis 2706 Gravois</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2607  
D. [unclear]  
Jan 4 3 00

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4347

P. O. Address 2906 Davis

**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.