

6603

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 10 1950

318

1003

State File No. 1965

1965

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 Missouri. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.,		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION 925 Beach Avenue.				d. STREET ADDRESS (If rural, give location) 925 Beach Avenue,			
3. NAME OF DECEASED (Type or Print) a. (First) ANTOINETTE b. (Middle) C c. (Last) PETTES.			4. DATE OF DEATH (Month) (Day) (Year) Feb'y 28th 1950.				
5. SEX Female.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	8. DATE OF BIRTH Sept. 11, 1875		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 5 Days 17	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Santa Clara, California		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Coleman			13b. MOTHER'S MAIDEN NAME Virginia		14. NAME OF HUSBAND OR WIFE Thomas Page Pettes.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.		16. SOCIAL SECURITY NO. none.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Alice Thompson-925 Beach Avenue			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction				INTERVAL BETWEEN ONSET AND DEATH Few minute			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Coronary thrombosis			
				DUE TO (c) Generalized arteriosclerosis			
II. OTHER SIGNIFICANT CONDITIONS				Hypertrophic Osteoarthritis			
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"/>	
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) 4/20/			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 1-29-46 , 19____, to 2-27 , 1950, that I last saw the deceased alive on 2-27- , 1950, and that death occurred at 8:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) David M. Skilling Jr. M.D.				23b. ADDRESS 4500 Olive Street, St. Louis		23c. DATE SIGNED 2-28-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.		24b. DATE 3/2/50.		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.	
DATE REC'D BY LOCAL REG. Feb 28 1950		REGISTRAR'S SIGNATURE J. B. Parater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G.R. Lupton & Sons, 7233 Delmar Bl.,			

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

Dr David N. Kerr
Dr David M. Skilling
4500 Olive Street.
FO: 3800.

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

Arnold W. Schoene

Licensed Embalmer No.

3864

P. O. Address

St. Louis, 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.