

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21909

5389

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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| 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, Missouri. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2059 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Res: 5475 Cabanne Avenue, | | d. STREET ADDRESS (If rural, give location) 5475 Cabanne Avenue, 0 | |

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|---|---------------|--------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) AGNES | b. (Middle) A | c. (Last) PETRING. | 4. DATE OF DEATH (Month) (Day) (Year) June 19, 1950. |
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|---------------------|----------------------------|---|------------------------------------|------------------------------------|------------------------|-----------------------------|
| 5. SEX Female. / | 6. COLOR OR RACE White. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single. 0 | 8. DATE OF BIRTH Nov. 27, 1873. | 9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours Min. |
|---------------------|----------------------------|---|------------------------------------|------------------------------------|------------------------|-----------------------------|

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| 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) St. Louis, Missouri, 0 | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Henry Petring. | 13b. MOTHER'S MAIDEN NAME Caterine M. Holtgrewe. | 14. NAME OF HUSBAND OR WIFE |
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| 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 William Petring, 27 Ridgetop Dr., |
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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>Chronic Myocarditis</u> | | INTERVAL BETWEEN ONSET AND DEATH ? |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis + Secondary Anemia</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? H22.2 |
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22. I hereby certify that I attended the deceased from Dec 28, 1949, to June 19th, 1950, that I last saw the deceased alive on Apr 18th, 1950, and that death occurred at 3:25 A.M., from the causes and on the date stated above.

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|--|-------------------|-------------------------------------|------------------------------------|
| 23a. SIGNATURE <u>Frank Turner O.M.S.</u> | (Degree or title) | 23b. ADDRESS 1251 Blackstone Ave | 23c. DATE SIGNED June 20th 1950 |
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|---|-----------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial. 1) | 24b. DATE 6/21/50. | 24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery. | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri. |
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| DATE REC'D BY LOCAL REG. JUN 20 1950 | REGISTRAR'S SIGNATURE <u>J. B. Luster</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons, 7233 Delmar Blv'd., |
|---|--|---|

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

230 am

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.