

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15203

State File No.

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. 21

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
a. COUNTY <u>Ste. Genevieve</u>			a. STATE <u>Missouri</u>		b. COUNTY <u>Ste. Genevieve</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ste. Genevieve</u>		c. LENGTH OF STAY (in this place) <u>75 Yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ste. Genevieve</u> <u>0951</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>375 N. 5th</u>			d. STREET ADDRESS (If rural, give location) <u>375 N. 5th</u>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>ELIZABETH</u>	b. (Middle) <u>SCHNATDER</u>	c. (Last) <u>PETREQUIN</u>	<u>April 11, 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 2, 1869</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____
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>U</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>JOHN SCHNATDER</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISE RINGWALD</u>		14. NAME OF HUSBAND OR WIFE <u>FELIX PETREQUIN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HARRY J. PETREQUIN STE. GENEVIEVE, MO</u>	

18. CAUSE OF DEATH			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>			<u>1 day</u>		
			ANTECEDENT CAUSES					
			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
			DUE TO (b) <u>Arterio-sclerosis</u>			<u>4 yrs</u>		
			DUE TO (c) <u>Chronic Myocarditis</u>			<u>2 yrs</u>		
			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 <u>4/22/51</u>				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) _____			
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 April 6, 1951, to April 11, 1951, that I last saw the deceased alive on April 11, 1951, and that death occurred at 11:57 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arthur E. Decker M.D.</u> (Degree or title)		23b. ADDRESS <u>Ste. Genevieve Mo</u>		23c. DATE SIGNED <u>4-12-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 11, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Galvary Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Ste. Genevieve Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Apr 15, 1951</u>		REGISTRAR'S SIGNATURE <u>Theresa M. Karl</u>		FUNERAL DIRECTOR'S SIGNATURE <u>James J. ...</u>		ADDRESS <u>Ste. Genevieve, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

951

File No. _____
DISTRICT HEALTH-OFFICE No. 4

APR 17 1951

RECEIVED

NOV 30 1951

APR 21 1951

OCT 16 1951

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 Jerome A. Sauter
Licensed Embalmer No. 3817

P. O. Address Ste. Genevieve, Missouri

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.