

FILED DEC 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40290

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3733

1. PLACE OF DEATH
 a. COUNTY St. Louis 4001
 b. CITY (If outside corporate limits, write RURAL and give township) Kintloch
 c. LENGTH OF STAY (In this place) 33 yrs
 d. FULL NAME OF HOSPITAL OR INSTITUTION 1110 McArthur

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
 a. STATE Missouri
 b. COUNTY St. Louis
 c. CITY (If outside corporate limits, write RURAL and give township) Kintloch 4091
 d. STREET ADDRESS (If rural, give location) 1110 McArthur 0

3. NAME OF DECEASED
 a. (First) Bessie b. (Middle) Bettie c. (Last) PETTIS

4. DATE OF DEATH (Month) (Day) (Year)
Nov 16 1951

5. SEX Female

6. COLOR OR RACE Colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept 23, 1877

9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 1 Days 28 IF UNDER 4 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY Aun home

11. BIRTHPLACE (State or foreign country) Columbia, Mo 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joe Young

13b. MOTHER'S MATHEN NAME Harriet Richardson

14. NAME OF HUSBAND OR WIFE Milton G. Pettis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME Milton G. Pettis ADDRESS _____

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the Womb
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) not any.
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. not any.

INTERVAL BETWEEN ONSET AND DEATH
12-11-51

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION not any. 174X

20. AUTOPSY? YES NO

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 4

22. I hereby certify that I attended the deceased from 12-11-51, 1951, to 11-15-51, 1951, that I last saw the deceased alive on 11-13-51, 1951; and that death occurred at 1:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____

23b. ADDRESS 654 Emerald St. Kintloch, Mo

23c. DATE SIGNED 11-18-51

24a. BURIAL CREMATION, REMOVAL (Specify) Burial

24b. DATE Nov 14, 1951

24c. NAME OF CEMETERY OR CREMATORY Washington Park

24d. LOCATION (City, town, or county) (State) Berkeley, Mo

DATE REC'D BY LOCAL REG. 11-19-51

REGISTRAR'S SIGNATURE Herbert P. Bonds, Md

25. FUNERAL DIRECTOR'S SIGNATURE Bond Bros, Kintloch Mo ADDRESS _____

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Edward A. Flynn

Signed.....
Student Embalmer

Licensed Embalmer No. 4444

P. O. Address St. Louis

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.