

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43562**

FILED DEC 20 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3069** Registrar's No. **4002**

1005

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

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>St. Louis</b>                   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br><b>Missouri</b><br>b. COUNTY<br><b>St. Louis</b> |   |
| b. CITY OR TOWN<br><b>Richmond Heights</b>                           | c. LENGTH OF STAY (in this place)<br>Years<br><b>48</b> | c. CITY OR TOWN<br><b>Richmonds Heights</b>   | d. STREET ADDRESS (If rural, give location)<br><b>7461 Hiawatha Ave</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>7461 Hiawatha Ave.</b> |   | d. STREET ADDRESS (If rural, give location)<br><b>7461 Hiawatha Ave</b>   |   |

|  |  |             |   |           |  |
|--|--|-------------|---|-----------|--|
| 3. NAME OF DECEASED<br>(Type or Print) <b>LAVERNE PETRIE</b> |  |             | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>12 13 1951</b> |           |  |
| a. (First)   |  | b. (Middle) |   | c. (Last) |  |

|                       |                                  |  |                                       |  |                                       |                                       |                    |      |
|-----------------------|----------------------------------|--|---------------------------------------|--|---------------------------------------|---------------------------------------|--------------------|------|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>10/27/1890</b> | 9. AGE (In years last birthday)<br><b>61</b> | IF UNDER 1 YEAR<br>Months<br><b>1</b> | IF UNDER 24 HRS.<br>Days<br><b>14</b> | Hours<br><b>14</b> | Min. |
|-----------------------|----------------------------------|--|---------------------------------------|--|---------------------------------------|---------------------------------------|--------------------|------|

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home Heating Co.</b> |  | 11. BIRTHPLACE (State or foreign country)<br><b>Holland Michigan</b> |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |  |
|---|--|--|--|--|--|--|--|

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 13a. FATHER'S NAME<br><b>Charles Petrie</b> |  | 13b. MOTHER'S MAIDEN NAME<br><b>Lavanha McKay</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Irene m. Bauer</b> |  |
|---|--|---|--|--|--|

|   |  |   |  |   |  |                                       |  |
|---|--|---|--|---|--|---------------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> |  | 16. SOCIAL SECURITY NO.<br><b>139-09-6083</b> |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mrs. Irene Petrie</b> |  | ADDRESS<br><b>7461 Hiawatha R. H.</b> |  |
|---|--|---|--|---|--|---------------------------------------|--|

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Haemorrhage</b>   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 hr.</b> |  |
|   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Hypertension</b> |  |  |  | <b>10 yrs</b>                                    |  |
|   |  | DUE TO (c) <b>-</b>   |  |  |  |  |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>-</b>         |  |  |  |  |  |

|                        |  |                                  |  |   |  |
|------------------------|--|----------------------------------|--|---|--|
| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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 **1-1-**, **1946**, to **12/13/51**, 19\_\_\_\_, that I last saw the deceased alive on **12/13/51**, 19\_\_\_\_, and that death occurred at **7 30Pm.**, from the causes and on the date stated above.

|  |  |   |  |                                     |  |
|--|--|---|--|-------------------------------------|--|
| 23a. SIGNATURE<br><b>Paul Ruppberg</b> |  | 23b. ADDRESS<br><b>7583 Dale Ave. R. H.</b> |  | 23c. DATE SIGNED<br><b>12/14/51</b> |  |
|--|--|---|--|-------------------------------------|--|

|  |  |                              |  |   |  |   |  |
|--|--|------------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> |  | 24b. DATE<br><b>12/17/51</b> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Oak Grove Cemetery</b> |  | 24d. LOCATION (City, town, or county) (State)<br><b>Saint Louis, Missouri</b> |  |
|--|--|------------------------------|--|---|--|---|--|

|   |  |   |  |   |  |                                     |  |
|---|--|---|--|---|--|-------------------------------------|--|
| DATE REC'D BY LOCAL REG.<br><b>12-17-51</b> |  | REGISTRAR'S SIGNATURE<br><b>Herbert F. P. Donkema</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Ambruster Mortuary</b> |  | ADDRESS<br><b>6633 Clayton Road</b> |  |
|---|--|---|--|---|--|-------------------------------------|--|

(Licensed Embalmer's Statement on Reverse Side)

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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 Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address.....

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.