

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

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

72744
FILED DEC 7 1953

3058 State File No. **40067**

BIRTH NO. _____		REG. DIST. NO. <u>130</u>	PRIMARY REG. DIST. NO. <u>310</u>	Registrar's No. <u>11</u>
I. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ST. LOUIS</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. CHARLES</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OVERLAND 414 X</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>3405 COLLES AVE</u>		
3. NAME OF DECEASED a. (First) <u>PAMELA</u> b. (Middle) <u>LYNNE</u> c. (Last) <u>PETTIT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 23 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER</u>	8. DATE OF BIRTH. <u>10-23-53</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>1</u> Days <u>0</u> Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>ST. CHARLES Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>FREDERIC PETTIT</u>		
13b. MOTHER'S MAIDEN NAME <u>GLORY N. KIRT</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</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 <u>FREDERIC PETTIT</u>
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>(MENINGITIS -) IRRITATIVE DUE TO INTRACRANIAL MEMORANE AND BACTERIAL AEE</u> ANTECEDENT CAUSES <u>ECTODERMAL DEFECT OF SKULL</u> DUE TO (b) <u>BIRTH</u> DUE TO (c) <u>COGENITAL HEART DISEASE</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		20. AUTOPSY? YES <input checked="" 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) <u>7586</u>
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?
22. I hereby certify that I attended the deceased from <u>OCT 23, 1953</u> to <u>NOV 23, 1953</u> , that I last saw the deceased alive on <u>NOV 23, 1953</u> , and that death occurred at <u>2:00 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Walter C. Gray M.D.</u>		23b. ADDRESS <u>8938 Graham Road St. Louis 14 Mo</u>		23c. DATE SIGNED <u>11/23/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>NOV 26, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>EVERGREEN CEM</u>
24d. LOCATION (City, town, or county) (State) <u>LANSING MICH.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>PRINTEG HUGHES</u> ADDRESS <u>Dr. Charles M.</u>		
DATE REC'D BY LOCAL REG. <u>NOV 30 1953</u>		REGISTRAR'S SIGNATURE <u>Francine Hamilton</u>		

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.....

Fred J. Farmer

Signed.....
Student Embalmer

Licensed Embalmer No. *4788*

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.