

No. 300
10-48

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32709

State File No. _____

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

BIRTH NO. _____ REG. DIST. NO. 717 PRIMARY REG. DIST. NO. 500 Registrar's No. 2122

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u>		b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Gardenville</u>		c. CITY OR TOWN <u>Gardenville</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) <u>2 YEARS</u>		e. STREET ADDRESS (If rural, give location) <u>5028 Heege Road</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5028 Heege Road</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>A.</u> c. (Last) <u>Petri</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 5, 1954</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 24, 1887</u>		9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Barbering</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Millstadt, Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>Henry Petri</u>			13b. MOTHER'S MAIDEN NAME <u>Josephine Reuter</u>			14. NAME OF HUSBAND OR WIFE <u>Anna M. Lechstein Petri</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>494-07-3516</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna M. Petri</u>		ADDRESS <u>5028 Heege Rd.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>From destruction of the skull and</u>							
		ANTECEDENT CAUSES							
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>brain produced by a shotgun blast</u></p> <p>DUE TO (c) <u>in the mouth</u></p>							
		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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Gardenville St. Louis Mo.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) <u>Sept. 5, 1954</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Shotgun wound</u>	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Arnold G. Hillmann, Coroner</u>		23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>9-8-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Sept. 9, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S.S. Peter & Paul Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>9/7/54 Heege</u>		REGISTRAR'S SIGNATURE <u>Heege</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wacker-Heldale</u>		ADDRESS <u>3634 Gravois Ave.</u>	
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(Licensed Embalmers' Sealment on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Robert Wheeler*

Licensed Embalmer No. *2122*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.