

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32710

State File No.

XC 271 421
REG# 117116

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 500

Registrar's No. 2076

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) 178 DAYS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		e. STREET ADDRESS (If rural, give location) 525 Clara	
3. NAME OF DECEASED (Type or Print) a. (First) Lemuel		b. (Middle) H.	
c. (Last) PETRIE		4. DATE OF DEATH (Month) (Day) (Year) 8-29-54	
5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH 11-25-86	
9. AGE (In years last birthday) 67		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 24 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSURANCE BROKER		10b. KIND OF BUSINESS OR INDUSTRY INSURANCE	
11. BIRTHPLACE (City and State or Foreign Country) OXFORD, MISSISSIPPI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME CHARLES W. PETRIE		13b. MOTHER'S MAIDEN NAME MARY ISOM	
14. NAME OF HUSBAND OR WIFE NEVER MARRIED		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I	
16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF BRKS, MO.	
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) CEREBRAL THROMBOSIS DUE TO ANTECEDENT CAUSES ARTERIOSCLEROSIS DUE TO (b) ARTERIOSCLEROSIS GENERAL Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 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"/>		332X	
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 <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 3-4, 1954, to 8-29, 1954, and that death occurred at 10:05A m., from the causes and on the date stated above.			
23a. SIGNATURE Anthony Cerskus, M.D. (degree or title) Anthony Cerskus, M.D.		23b. ADDRESS VET ADM HOSP., JEFF BRKS, MO.	
23c. DATE SIGNED 8-29-54		24a. BURIAL, CREMATION, REMOVAL (Specify) removal	
24b. DATE 8-30-54		24c. NAME OF CEMETERY OR CREMATORY Oxford, Mississippi	
24d. LOCATION (City, town, or county) (State) Oxford, Mississippi		25. FUNERAL DIRECTOR'S SIGNATURE R. Lupton & Sons-7233 Delmar Blv'd.	
DATE REC'D BY LOCAL REG. 8/29/54		REGISTRAR'S SIGNATURE [Signature]	

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 *Arnold W. Schoene*
.....

Licensed Embalmer No. *3864*

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.