

No. 300
10.48

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39103
10343

State File No.

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Illinois b. COUNTY St. Clair						
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) 10 days		c. CITY OR TOWN Belleville		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 BARNES HOSPITAL				STREET ADDRESS (If rural, give location) 322 N. Charles Street		81208				
3. NAME OF DECEASED (Type or Print) a. (First) Alvin			b. (Middle) George		c. (Last) Petri		4. DATE OF DEATH (Month) (Day) (Year) Nov. 12, 1954			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 15, 1896		9. AGE (In years last birthday) 58		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grain Insp.		10b. KIND OF BUSINESS OR INDUSTRY Grain Elevator		11. BIRTHPLACE (City and State or Foreign Country) Millstadt, Illinois.			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Peter Petri			13b. MOTHER'S MAIDEN NAME Katherine Miller.			14. NAME OF HUSBAND OR WIFE Ella M. Petri				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) Yes World War #I		16. SOCIAL SECURITY NO. 328-03-5594		17. INFORMANT'S SIGNATURE OR NAME Mrs. A. J. Petri. 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Mouth with metastases					INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 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) _____						
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? 144X					
22. I hereby certify that I attended the deceased from Nov. 7, 1954 , to Nov. 12, 1954 , that I last saw the deceased alive on Nov. 12, 1954 , and that death occurred at 1:50P m. , from the causes and on the date stated above.										
23a. SIGNATURE A. V. Bradley (Degree or title) M. D.				23b. ADDRESS BARNES HOSPITAL			23c. DATE SIGNED 11/12/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-15-54		24c. NAME OF CEMETERY OR CREMATORY Mt. Evergreen Cemty.		24d. LOCATION (City, town, or county) (State) Millstsd, Illinois.				
DATE REC'D BY LOCAL REG. NOV 15 1954		REGISTRAR'S SIGNATURE J. Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE Edgar A. Talbot, Belleville, Ill. ADDRESS _____					

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

(Licensed Embalmer's Statement 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.....

Virgil A. Legman
369

Licensed Embalmer No.....

P. O. Address.....
Bellevue

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.