

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6523
STATE FILE NUMBER

FILED MAR 1 1957 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1348

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN FERGUSON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 25 ST. LOUIS CITY HOSP. # 1.		d. STREET ADDRESS (If outside, give location) 27 6155-EMERALD-DRIVE	
3. NAME OF DECEASED (Type or print) First MAUDE Middle M. Last PETTY			4. DATE OF DEATH Month FEB. Day 9, Year 1957
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 4TH 1881
9. AGE (In years last birthday) 75 YRS		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE-WIFE		10b. KIND OF BUSINESS OR INDUSTRY AT-HOME	11. BIRTHPLACE (City and state or country) LITTLE-ROCK-ARK.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME CLAYTON-DILTS	
14. MOTHER'S MAIDEN NAME MARY-HENDRICKS		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT DIXIE-DUNHAM - 2845-ARLINGTON-AV.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 450.0			INTERVAL BETWEEN ONSET AND DEATH 2 WKS. 20 YRS.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3/25/53 to 2/9/57 and last saw her/him alive on 2/9/57 Death occurred at 12:45 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John W. Stusich MD		22b. ADDRESS 1515 LAFAYETTE AVE.	
22c. DATE SIGNED 2/9/57.		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE FEB. 11TH 1957		23c. NAME OF CEMETERY OR CREMATORY CALVARY-CEMETERY	
23d. LOCATION (City, town, or county) (State) ST. LOUIS MO.		24. FUNERAL DIRECTOR Brockland Und. Co. 1827-HOGAN-ST.	
25. DATE RECD. BY LOCAL REG. FEB 11 '57		26. REGISTRAR'S SIGNATURE Carl Smith MD	

(Licensed Embalmer's Statement on Reverse Side)

health, welfare, public service
000 1556
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms will be listed. No standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Elmo R. Padwell*

Licensed Embalmer No. *40*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.