

Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1958

318

1003

STATE FILE NUMBER 3441 874  
Registrar's No.

Registration District No. Primary Registration District No. Registrar's No.

300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Saint Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		Length of stay in lb 11 days		d. STREET ADDRESS (If outside, give location) 3515 Crittendem	
3. NAME OF DECEASED (Type or print) First Middle Last Marian Virginia Pettigrew			4. DATE OF DEATH Month Day Year 1 22 1958		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 9-1922	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months Days 9 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never employed		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Saint Louis, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never employed		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James F Pettigrew		13b. MOTHER'S MAIDEN NAME Virginia Wall		14. NAME OF HUSBAND OR WIFE -0-	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs Virginia Pettigrew, mee wall	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Spontaneous Pneumopneumonia</i>					INTERVAL BETWEEN ONSET AND DEATH <i>1 1/2</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					<i>491 x H</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Squamous Cancer quize - notes state</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Lyrago</i>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <i>12:00 Noon</i> to <i>present</i> and last saw her alive on <i>1-22-58</i> Death occurred at <i>1-22-58-10 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Marian Roseman</i>		22b. ADDRESS <i>100 N. Euclid</i>		22c. DATE SIGNED <i>1-23-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>1-25-1958</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Concordia</i>	
23d. LOCATION (City, town, or county) <i>Saint Louis</i>		23e. (State) <i>Mo</i>		24. FUNERAL DIRECTOR <i>Hofmeister Colonial Mortuary</i> <i>664 Chippewa Street, St. Louis 9, Mo</i>	
25. DATE RECD. BY LOCAL REG. <i>JAN 24 '58</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(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 *Eric C. Hanson* .....  
Licensed Embalmer No. *4764* .....  
P. O. Address *St. Louis* .....

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.