

FILED MAY 1 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016299

STATE FILE NUMBER

Registration District No. _____

318

Primary Registration District No.

1003

Registrar's No.

4361

300
-57

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS, MO</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <u>8120</u> a. STATE <u>ILLINOIS</u> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>ST LOUIS -</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>BLOOMINGTON</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>40 HOSPITAL OR INSTITUTION MISSOURI PACIFIC.</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>32 1213 W. Walnut St</u>
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle <u>-</u> Last <u>PETRI</u>			4. DATE OF DEATH Month <u>4</u> Day <u>19</u> Year <u>1958</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11/12/1885</u>		9. AGE (In years last birthday) <u>72</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STORE ROOM LABORER.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CM&O RAILROAD.</u>		11. BIRTHPLACE (City and state or country) <u>ILL</u>		
				12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>		

13a. FATHER'S NAME <u>UNKNOWN - PETRI</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA PETRI</u>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT <u>ANNA - PETRI - 1213 W. WALNUT - ILL</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACUTE PANCREATITIS</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <u>587.0</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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 Hour _____ a.m. _____ p.m. Month, Day, Year _____					

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	
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21. I attended the deceased from 4-10-58 to 4-19-58 and last saw her alive on 4/19/58.
Death occurred at 5:05 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) <u>[Signature]</u>		22b. ADDRESS <u>3720 Washington</u>		22c. DATE SIGNED <u>9/19/58</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>4-22-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bloomington Cem</u>	
				23d. LOCATION (City, town, or county) (State) <u>Bloomington ILL</u>	

24. FUNERAL DIRECTOR ADDRESS <u>CARMODY FUNERAL HM - Bloomington Ill</u>		25. DATE RECD. BY LOCAL REG. <u>APR 22 '58</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

J. Allen Davis
.....
Licensed Embalmer No. *4053*

P. O. Address.....
[Signature]

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.