

Health, Welfare, Public Service

STANDARD CERTIFICATE OF DEATH

58-016302  
STATE FILE NUMBER

FILED MAY 8 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4553

300  
-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 St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Infirmary		d. STREET ADDRESS (If outside, give location) 4338 a Cook	
Length of stay in lb 3 days 2 // 4		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last SUSIE JANE PETTY			4. DATE OF DEATH Month Day Year 4 24 1958		
--	--	--	---	--	--

5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 11, 1893	9. AGE (In years last birthday) 64	10. F UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
------------------	---------------------------	---	-----------------------------------	---------------------------------------	-----------------------------------	------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Hopkinsville, Ky.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
--	---	---	--

13a. FATHER'S NAME John Whittemore	13b. MOTHER'S MAIDEN NAME Ann ?????	14. NAME OF HUSBAND OR WIFE Frank Petty 4338a Cook
---------------------------------------	--	---

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. 490-26-9961	17. INFORMANT Frank Petty 4338a Cook
---	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Heart Disease		INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b)		443X
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Thrombosis		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year 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 4-21-58 to 4-24-58 and last saw her alive on 4-24-58 Death occurred at 10:50 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE M.E. Smith, M.D.	22b. ADDRESS 111 Jefferson St. Louis	22c. DATE SIGNED 4-25-58
------------------------------------	---	-----------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/30/58	23c. NAME OF CEMETERY OR CREMATOR Washington Park Cem.	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
--	----------------------	---	---

24. FUNERAL DIRECTOR Charles J. Gates	ADDRESS 4108 Finney	25. DATE RECD. BY LOCAL REG. APR 28 '58	26. REGISTRAR'S SIGNATURE Carl Smith no 238
--	------------------------	--	--

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 *Guifon Swan* .....

Licensed Embalmer No. 4580.....

P. O. Address 4107 Finney.....

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.