

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

22372

1. PLACE OF DEATH
 County Way Registration District No. 744 File No. 57
 Township Richmond Primary Registration District No. 3035 Registered No. 57
 City Richmond (No. _____) St. _____ Ward _____

2. FULL NAME Pete Pedrabie
 (a) Residence No. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 22 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
49 10 21

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work miner
 (b) General nature of industry, business, or establishment in which employed (or employer) Coal
 (c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 24 1929

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1929 to 6-24, 1929 that I last saw h. in alive on 6-23, 1929 and that death occurred, on the date stated above, at 3-15-B m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

ruptured aneurysm
300 of aorta
96 (duration) _____ yrs. mos. ds.
 CONTRIBUTORY liver
 (SECONDARY) (duration) 15 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF _____
 WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS X-ray
 (Signed) Ho J. Coor, M. D.
7-11, 1929 (Address) Richmond Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

9. BIRTHPLACE (CITY OR TOWN) Italy
 (STATE OR COUNTRY) _____

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____

14. INFORMANT Robert Pedrabie
 (Address) Richmond Mo.

15. FILED July 11, 1929 E. C. Lay REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Dunwoody Chapel Cem DATE OF BURIAL 6-27 1929

20. UNDERTAKER A. W. Mansur ADDRESS Richmond

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. 1929

