

NOV 17 1937

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

37594
Do not use this space

1. PLACE OF DEATH

(a) County W. Franklin Registration District No. 5411
(b) Township Boles Primary Registration District No. 293 Registered No. _____
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Labadie Mo. R#1 St. (If nonresident, give city or town and State)
(MARY LARETTO)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bernhard Laretto
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8 - 1852
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 2 28
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired housewife
9. Industry or business in which work was done, as saw mill, bank, etc. At own home
10. Date deceased last worked at this occupation (month and year) Oct 5 - 1937
11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

13. NAME Unknown Repetto

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT (ADDRESS) James Laretto Labadie Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Labadie Mo. Laretto Primitive Ch. DATE Oct-8-1937

19. FUNERAL DIRECTOR (ADDRESS) Schrader Funeral Home Ballwin Mo.

20. FILED 10-31-1937 Mary B. Gross Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset _____

Other contributory causes of importance: AB

Name of operation none Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? nat. Date of injury ✓, 19____
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury at home
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Phos. P. Shoffet Corona
(Address) Fullum mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Theo. Schrader, Licensed Embalmer No. 3066

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

Theo. Schrader
L. E. No. 3066

or by 3066 working under my personal supervision.

Signed Theo. Schrader
Registered Apprentice No. _____
Licensed Embalmer No. 3066

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)