

REC'D MAY 10 1938

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

13066
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City.....
(e) Length of residence in city or town where death occurred yrs. mos. ds.
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. **791**
Primary Registration District No. **1003**
(d) Street No. **Firm Desloge Hospital**
(If death occurred in Hospital or Institution, write its name instead of street and number)
Registered No. **3670**

2. PRINT FULL NAME

Catherine Lumetta 530
(a) Residence, No. **5516 Riverview Blvd.** St. **7**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female**
4. COLOR OR RACE **White**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Dominick Lumetta**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 21, 1904**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
33 9 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) **St. Louis, Missouri**

FATHER
13. NAME **Louggi Patrico**
14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) **Italy**

MOTHER
15. MAIDEN NAME **Grazia Cusumano**
16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) **Italy**

17. INFORMANT **Dominick Lumetta**
(ADDRESS) **5516 Riverview Blvd.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **April 21, 1938**

19. FUNERAL DIRECTOR **Dennis Nicholas**
(ADDRESS) **1138 W. 67th**

20. FILED **APR 20 1938**
J. T. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 19 1938**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ a.m.

The principal cause of death and related causes of importance were as follows:

Incarcerated
Pneumonia
That ruptured into left Pleural cavity
Other contributory causes of importance:
Date of onset

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... 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.....
Nature of injury.....

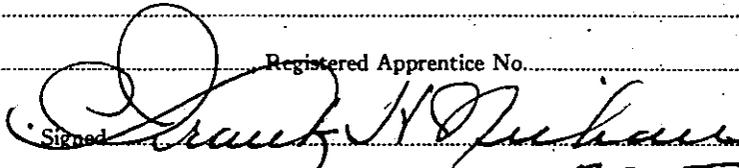
24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify.....
(Signed) **Regt. M. J. ...** M.D.
(Address) **Deputy Comm**

WRITE CLEARLY, 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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____
working under my personal supervision.

Signed  Registered Apprentice No. _____
Licensed Embalmer No. 2915

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.)