

REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

791  
1003

4734  
Do not use this space.

Registered No. 1427

1. PLACE OF DEATH

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

2. PRINT FULL NAME Guissippe Pretti

(a) Residence, No. 3402 Marcus St. St. 10 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (widowed)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (spouse) Teresa Pretti

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23, 1861

7. AGE YEARS 77 MONTHS 8 DAYS 20  
If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired coal Miner  
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) Tyrol  
(STATE OR COUNTRY) Austria

13. NAME Unknown Pretti

14. BIRTHPLACE (CITY OR TOWN) Tyrol  
(STATE OR COUNTRY) Austria

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Tyrol  
(STATE OR COUNTRY) Austria

17. INFORMANT Joseph Pretti  
(ADDRESS) 3402 Marcus Ave.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Calvary Cemetery DATE Feb. 15, 1939

19. FUNERAL DIRECTOR Demetrius Pichard  
(ADDRESS) 1481 Union Blvd.

20. FILED FEB 14 1939  
J. B. Brudick  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 18 1937 to Feb 12 1939  
I last saw him alive on Feb 12 1939 Death is said to have occurred on the date stated above, at 9:15 A.M.  
The principal cause of death and related causes of importance were as follows:

uremia  
Cardio-vascular-Renal Disease 11-18-37  
Date of onset 11-18-38

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? no

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) J. M. Brown M. D.  
(Address) 2867 1/2 Union Blvd.

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.

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**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 ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed

*Frederick S. Dickman*

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.)**