

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.

REC'D APR 24 1939

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

11479

Do not use this space.

1. PLACE OF DEATH

(a) County MACON Registration District No. 527
(b) Township BEVIER Primary Registration District No. 5703
(c) City BEVIER (d) Street No. 4312 St.
(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.

2. PRINT FULL NAME ANTIONETTE AMEDEI

(a) Residence, No. 1 St. 1
(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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 - 1894
7. AGE YEARS 45 MONTHS 9 DAYS 9 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. HOUSE WIFE
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) Italy

13. NAME Ilmo SERGENTI

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) August AMEDEI
BEVIER, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. CHARLES DATE APRIL - 8 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. Edwards
Bevier, Mo.

20. FILED April 8, 1939 Edw. Simpson
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6, 1939
22. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1939 to Sept. 6, 1939
I last saw her alive on Sept. 6, 1939 Death is said to have occurred on the date stated above, at 6:00 p.m.
The principal cause of death and related causes of importance were as follows:

Peritonitis
124 hr
Other contributory causes of importance: pepsalpyx (Perituberc)
(Rx. 7 yr.)

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

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 No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify No
(Signed) O. E. Williams
Bevier, Mo.
470 (Address)

STATEMENT BY LICENSED EMBALMER
DISTRICT HEALTH OFFICER NO. 10
DATE FILED APR 11 1939

RECEIVED

District Health Officer No. 10

District File Number 10-39-622

Date Filed APR 11 1939

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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 this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1479-8

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH

- (a) County Macon
(b) City or town Macon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME

Antoinette Anne de

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex F

5. Color or
race W

6. (a) Single, widowed, married,
divorced M

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if
alive years

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

hours min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(b) Date thereof

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(b)

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. ? years

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Apr day 29 year 1946 hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from 1946 to 1946 that I last saw him alive on 1946 and that death occurred on the date and hour stated above.

Immediate cause of death

Peritonitis
Due to puerperal infection, (self-induced)
Due to pyosalpinx - Mrs. Stuber, Rb. & Lb.

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature E. L. Weidlich (M. D. or other)

Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

