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.

1 X14028

REC'D JUL 12 1939

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

20545
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis, Mo.
(d) Street No. St. Louis Children's Hosp. 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 5389

2. PRINT FULL NAME Pedrotti, Jo Ann
(a) Residence, No. 5475 Janet St. NR West Walnut Manor
(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-1-38
7. AGE: YEARS | MONTHS: 8 | DAYS: 15 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Child
9. Industry or business in which work was done, as saw mill, bank, etc.: Child
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, Mo. 0

FATHER
13. NAME: Charles PEDROTTI 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois 0

MOTHER
15. MAIDEN NAME: Josephine Pagella
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Nedder 500 S Kingshighway
18. BURIAL, CREMATION, OR REMOVAL PLACE: CALVARY CEM. DATE: 6/17 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): CULLINANE BROS 1710 N GRAND BLVD
20. FILED: JUN 17 1939 J. F. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-16-1939

22. I HEREBY CERTIFY, That I attended deceased from 6-15-1939, to 6-16-1939
I last saw her alive on 6-16-1939. Death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	May 27
Pneumonia, lobular	June 9
Convulsions	June 15

Other contributory causes of importance: 9

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? .....
If so, specify .....
(Signed) R. J. Blettner, M. D.
(Address) 500 So. Kingshighway

(Licensed Embalmer's Statement on Reverse Side)

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. Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo

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.