

WHITE PENCIL—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23784

State File No.

6057

Registrar's No.

DEC'D AUG 1 1939

791
1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County City of St. Louis
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4215 Chouteau Ave.
(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 Joseph Beretti 630

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Josephine 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 9 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 I 29 hr. min.

9. Birthplace Italy
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business Coal Mining

MOTHER FATHER { 12. Name Unknown

18. Birthplace Italy
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

16. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Genevieve Faustino

(b) Address 4215 Chouteau Ave.

17. (a) Walmary Ave. (b) Date thereof July 11 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Mo.

18. (a) Signature of funeral director William B. Cox, Inc.

(b) Address 4259 Lindell Bl.

19. (a) 10 10 1939 (b) J. J. Beretti
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis Mo. 18
(If outside city or town limits, write "RURAL")
(d) Street No. 4215 Chouteau
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 8
year 1939 hour 11 minute 00 A. M.

21. I hereby certify that I attended the deceased from Aug
28 to July 8, 1939
that I last saw her alive on July 8, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Stenosis

Due to _____

Due to _____

Other conditions Heat exhaustion
(Include pregnancy within 3 months of death)
Heat stroke

Major findings: Of operations _____

Of autopsy 191

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 C. M. Adams (M. D. or other) MD
Address 3017 Lafayette Date signed 7-10-39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

Jessie M.

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.....

Howard F. Pauland

Licensed Embalmer No.....

3114

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.