

Registration District No. 201

Primary Registration District No. _____

1. PLACE OF DEATH: 201
(a) County _____
(b) City or town S t. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Hospital
(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 Edith Mondia 530
3. (b) If veteran, name war _____ 3. (c) Social Security No. Nil

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Albert Mondia 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased May 27, 1907.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 7 5 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Louis Louzerotti
13. Birthplace Unknown Italy
(City, town, or county) (State or foreign country)
14. Maiden name Virginia Francis
15. Birthplace Unknown Italy
(City, town, or county) (State or foreign country)

18. (a) Informant's own signature Albert Mondia
(b) Address 3916a Maffitt Ave.

17. (a) Removal (b) Date thereof 1/4/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gillispie Ill
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JAN 2 1940 (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town S t. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 3916a Maffitt Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1940. hour 8 minute 26 P.M.
21. I hereby certify that I attended the deceased from Jan 2
1938, to Jan 1 1940
that I last saw her alive on Monday Jan 1 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of ovary
Generalized Peritonitis Duration 2 1/2

Due to _____
Due to _____
Other conditions Distal obstruction
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of ovary with metastases to peritoneum
Of autopsy None

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? _____

(Specify type of place)
While at work? _____ Means of injury: _____
23. Signature A. J. Saussey per Mrs Remann (M. D. or other) _____
Address 3720 Washington Date signed 1/2/40

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

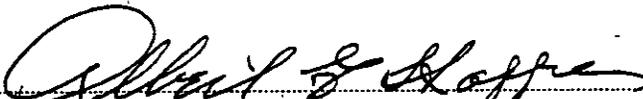
Rev. 5-17-39

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 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. 2971.....

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.