

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Desloge 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 Life
years, months or days)

8. (a) PRINT FULL NAME Lillie Bruno
 3. (b) If veteran, name war None
 8. (c) Social Security No. 650
492-01-2901

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 19 1906
(Month) (Day) (Year)

8. AGE: Years 33 Months 10 Days 29 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Waitress

11. Industry or business Italian Catering Co.

MOTHER FATHER { 12. Name Amerigo Armandi
 13. Birthplace Italy
(City, town, or county) (State or foreign country)
 14. Maiden name Juditta Grassini
 15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Amerigo Armandi
 (b) Address 1810 Delmar ave.

17. (a) Burial (b) Date thereof April 22, 40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director C. Hoffmeister & Co.
 (b) Address 7814 S. Broadway

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

2. USUAL RESIDENCE OF DECEASED:

(c) State Missouri (b) County _____
 (c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
 (d) Street No. 1810 Delmar ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
 year 1940 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from _____, 1940, to Apr. 18, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Lung abscess, multiple, bilateral Duration 5 weeks

Due to non tubercular cause unknown

Due to _____

Other conditions (Include pregnancy within 3 months of death) 114 lb

Major findings: Of operations _____
 Of autopsy _____

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? _____ Means of injury 1

23. Signature C. Reinhardt (M. D. or other) _____
 Address 827 Metropolitan St. Date signed 4/19/40

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

Metropolitan Bldg
Grand + Old in

2-4 P.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

Edwin H. Leisinger

Licensed Embalmer No. _____

P. O. Address _____

*4049
6th St. Chippewa*

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.