S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17060

FILED JUN 15 1940

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4538

1. PLACE OF DEATH:

(a) County
(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:
Bethesda General Hospital /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community years, months or days) 33

3. (a) PRINT FULL NAME Bertagnolli, Charlene

8. (b) If veteran, name war
8. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 31 (Day) 1939 (Year)

8. AGE: Years | Months 11 | Days 23 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation —
11. Industry or business
FATHER 12. Name S. J. Bertagnolli
13. Birthplace Glen Carbon (City, town, or county) Ill. (State or foreign country)
MOTHER 14. Maiden name Mabel Pelton
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mabel Pelton Bertagnolli
(b) Address Steelville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-40 (Month) (Day) (Year)
(c) Place: burial or cremation Steelville, Mo
18. (a) Signature of funeral director E. E. Long
(b) Address Bourbon, Mo
19. (a) MAY 22 1940 (Date received local registrar) (b) J. F. Bedell (Registrar's signature)

2. USUAL RESIDENCE OF DEACESED:

(a) State Mo. (b) County Crawford
(c) City or town Steelville N.R.
(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 May day 22
year 1940 hour 12 midnite minute M.
21. I hereby certify that I attended the deceased from May 12, 1940, to May 21, 1940;
that I last saw h alive on May 31, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho pneumonia	
Primary	15 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

10/a

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? (e) Means of injury

23. Signature Eugene Pitts II, M.D. (M. D. or other)
Address 3649 Vista ST. Louis Date signed 5/23/40

(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 Howard F Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis M

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.