

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5281

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1566 Lafayette 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

8. (a) PRINT FULL NAME Mary Giovanoni 155

8. (b) If veteran, name war no 3. (c) Social Security No. no

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

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

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

8. AGE: Years Months Days If less than one day
About 82 Unknown hr. min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Frank Frueh

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Busselmier

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Emily Bodes
(b) Address 1566 Lafayette Ave.

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S. Peter & Paul

18. (a) Signature of funeral director Mr. E. Maxwell
(b) Address 1926 Allen Ave.

19. (a) JUN 18 1940 (b) J. P. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1566 Lafayette
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1940 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from June 15 1940, 19 _____, to June 16 1940; that I last saw him _____ alive on _____, 19 _____; and that death occurred on the date and hour stated above.

Immediate cause of death acute heart failure June 16
Due to: Chronic myocarditis 2 yrs
Arterio sclerosis 10 yrs
Due to: _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence none
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

While at work? none (Specify type of place) (d) Means of injury none

23. Signature J. P. Bredeck (M. D. or other)
Address 3933 S. Grand Date signed June 17 1940

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

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed W. L. Mayell

Licensed Embalmer No. 1467

P. O. Address 1926 Allen av

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.