tate ant.∫		BOARD OF HEALTH 36418 /	
supplied. AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very important.	Registration District No. Distr	trict No. 200 Registrar's No. 1957	-
	1. PLACE OF DEATH: (c) County St. Louis County	2. USUAL RESIDENCE OF DECRASED:	•
	(b) City or town (Routside of for town limits, write "RURAL" and name of township) (c) Name of hospital or institution:	(a) State Missouri (b) County St. Louis (c) City or town St. Johns Station	-
	(If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution In this community 9067 Bristol Avenue (Specify whether years, months or days)	(If outside city or town limits, write "RURAL") (d) Street No. 9067 Bristol Avenue (If cural, give location) (e) If foreign born, how long in U. S. A.?	-
	8. (a) PRINT Lorenzo Brunelli FULL NAME. Lorenzo Brunelli	MEDICAL CERTIFICATION 20. DATE OF DEATH, Month October day 14th	₹
	8. (b) If veteran, 3. (c) Social Security name war No. No. No.	year 1940 hour minut 11:15 PM 21. I hereby certify that I attended the deceased from	 £.
	5. Color or 6. (a) Single, widowed, married, 4. Sex male race White divorced Single 6. (b) Name of husband or wife 6. (c) Age of husband or wife if	that I last saw half alive on the date and hour stated above. Duration	
	7. Birth date of deceased October 30 1938 (Month) (Day) (Year)	Immorate cause of death of premiumonia	- -
suppli	8. AGE: Years Months Days If less than one day 1	Due to	-
N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly or	9. Birthplace. St. Louis, Mo. (City, town, or county) 10. Usual occupation. (State or foreign county)	Other conditions the Culting (Include pregnancy within 3 mouths of death)	- - -
	11. Industry or business.	Major findings: Of operations. Underline	
	18. Birthplace Italy	the cause to which desting the cause to the	h •
	(City, town, or county) (State or foreign country) 16. (a) Informant's own signature Phillip Glainellia (b) Address 1067 Bristol Line:	22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify)	
	17. (a) <u>burial</u> (b) Date thereof Oct.16.1940 (Borial cremation or removal) (Month) (Day) (Year) (c) Place: burial or cremation New S.S.Peter & Paul Cem. 18. (a) Signature of funeral director Pact 2 Brothers	(City or towa) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place	 :7
	18. (a) Signature of funeral director Pact 2 Brothers (b) Address 3029 Lafavette Avenue 19. (a) CT 16 1940 (b) A (Reference of local registrar) (Registrar's eignature)	While at work? (Specify type of place) 28. Signature (Specify type of place) 28. Signature (M. D. or other) Address O / 2 Adapted Date signed D / 3	- <u>-</u> -
Į	3C, V (Licensed Embalmer's Str	atement on Reverse Side)	-

MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

working under my personal supervision.

Signed Janu D Iwan

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.