

Registration District No. **791**

Primary Registration District No. **1009**

1. PLACE OF DEATH:

(a) County **St Louis**

(b) City or town **St Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution
2222 Edwards Ave
(If not a hospital or institution, write street number & location)
Gen Rank City Hoptl

(d) Length of stay: In hospital or institution. **Yes**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Stefano Ferretti**

3. (b) If veteran, name war **NO**

3. (c) Social Security **N492-07-5141**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Josephine La Rosa**

6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **12. 1882**
(Month) (Day) (Year)

8. AGE: **58** Years
Months **8** Days
If less than one day
hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business **Laborer**

12. Name **Joseph Ferretti**

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

14. Maiden name **Consuetta Ferretti**

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

16. (a) Informant **Joe Ferretti**

(b) Address **2222 Edwards St**

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date thereof **12. 30. 40**
(Month) (Day) (Year)
New St. Peter & Paul

(c) Place: burial or cremation **Chapel @ Coliseum**

18. (a) Signature of funeral director **J. T. Predeck**

(b) Address **5142 Daggett Ave**

19. (a) **Dec 28 1940**
(Date signed by registrar)

(b) **J. T. Predeck**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **2222 Edwards St.**
(If rural, give location)

(e) If foreign born, how long in U. S. A. **About 25** years.

20. DATE OF DEATH: Month **Dec** day **26**
year **1940** hour **3** minute **21** A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death **Rupture of an Aneurysm in the Right Ventricle**

Due to _____

Due to _____

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: **None**
Of operations

Of autopsy _____

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 _____ (Specify type of place)

(e) Means of injury _____

23. Signature **Thomas J. Hillman** (M. D. or other) **5**

Address **Deputy Coroner** Date signed **12/28/40**

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

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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..... *Earl C. Calcutera*.....

Licensed Embalmer No. *2376*

P. O. Address *5142 Daggett*

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, fact should be so stated above.