

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12017

Registrar's No. 726

APR 9 1941
Registration District No. 109

Primary Registration District No. 109

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood, Mo. Jefferson Tw.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3325 Greenwood
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Maplewood, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 3522 Greenwood Ave.
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Angelo Pretto

3. (b) If veteran, name war No

3. (c) Social Security No. 493-10-8336

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1941 hour 2 minute P M.

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

6. (b) Name of husband or wife Katherine (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Sept. 26 1909
(Month) (Day) (Year)

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

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

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

8. AGE: Years Months Days If less than one day

31 6 5 hr. _____ min _____

Immediate cause of death Gunshot wound of head inflicted by himself with a 22 Winchester rifle. Duration _____

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

Due to Gunshot wound of head.

Due to _____

10. Usual occupation Bus operator

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

11. Industry or business St. Louis Public Service

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name John Pretto

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

14. Maiden name Marie Colpo

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence April 1, 1941

(c) Where did injury occur? 3522 Greenwood, Maplewood
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home

16. (a) Informant Katherine Pretto

(b) Address 3522 Greenwood, Maplewood

17. (a) Buried (b) Date thereof Apr. 5, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N.S.S. Peter & Paul Wacker-Welderle

While at work? _____ (Specify type of place) _____ (e) Manner of injury _____

23. Signature Louis H. Wappeler (M. D. or other) _____
Address Kirkwood, Mo. 4/2/41 Date signed _____

18. (a) Signature of funeral director _____

(b) Address 2331 S. Broadway

19. (a) APR 2 1941 (b) T. R. Meyer M.D.P.H.
(Date received local registrar) (Registrar's signature)

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 *John M. Meyer*
Licensed Embalmer No. *3288*
P. O. Address *Herkewood, Md.*

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.