

FILED MAY 13 1941

Registrar's No. **3278**

Registration District No. **791**

Primary Registration District No. **1003**

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:  
**St. Louis City Hospital #1** **0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **8 Days**  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **0009**  
(c) City or town **St. Louis** **17**  
(If outside city or town limits, write "RURAL") **9**  
(d) Street No. **1910a East Grand Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Alfretta Gandolfo**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Eugene J.** 6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **Aug. 25 1892**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**48** **7** **18** hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **L.B. Dunnavan**

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

14. Maiden name **Ella Tatman**

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

16. (a) Informant **Eugene J. Gandolfo**

(b) Address **4372 Washington Ave.**

17. (a) **Burial** (b) Date thereof **4/16/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Taylorville, Ill.**

18. (a) Signature of funeral director **Fred M. Williams**

(b) Address **4535 Washington Ave.**

19. (a) **ADD 15 1941** (b) **J. W. Bredek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **14.**  
year **1941** hour **8:35** minute **A. M.**

21. I hereby certify that I attended the deceased from **April 7.** 19 **41** to **April 14.** 19 **41**  
that I last saw her alive on **April 14.** 19 **41**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Plumbeous Heart Disease & Left Cerebral Embolism** **7 days**  
Duration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **as above**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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 **Roguel... Powell** M. D. or other **0**  
Address **1515 Lafayette Ave.** Date signed **4/15/41**

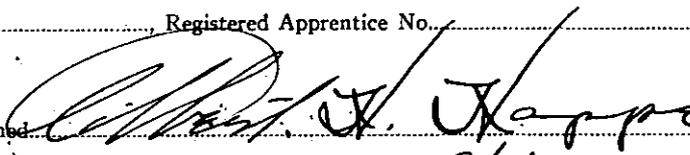
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed  .....

Licensed Embalmer No. 1861 .....

P. O. Address .....

**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.**