DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29737 7075

Registration District No. 1791 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DE PAUL HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 WEEKS (Specify whether years, months or days)

In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS 96

(c) City or town PINE LAWN N.R. 0 (If outside city or town limits, write "RURAL") 0

(d) Street No. 4704 JENNINGS RD (If rural, give location)

(e) If foreign born, how long in U. S. A.? 30 1 years.

3. (a) PRINT FULL NAME LOUISE PEROZZO

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ANDREW PEROZZO

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased SEPT (Month) 15 (Day) 1908 (Year)

8. AGE: Years 32 Months 11 Days 16 If less than one day hr. min.

9. Birthplace CAVASO NUOVO (City, town, or county) ITALY (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

MOTHER FATHER

12. Name FRANK BERNARDON

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

14. Maiden name ROSIE MARALDO

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

16. (a) Informant Andrew Perozzo

(b) Address 4704 Jennings Rd

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Sept 3 1941 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM

18. (a) Signature of funeral director J. B. Tanner

(b) Address 6107 Natural Bridge

19. (a) SEP 2 1941 (Date received local registrar) (b) J. B. Beckett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1st day Sept year 1941 hour minute 7:16 A.M.

21. I hereby certify that I attended the deceased from July 16, 1941, to Sept 1st, 1941; that I last saw her alive on Aug 31, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cirrhosis of liver	2 mo
Due to:	
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Enlargement of liver - biopsy - show cirrhosis
Of autopsy: None

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. W. Bockelman (M. D. or other) M.D.

Address 2615 Brentwood Blvd Date signed 9/2/41

(Licensed Embalmer's Statement on Reverse Side)

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 Guy W Wilkers

Licensed Embalmer No. 3575

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.