

FILED FEB 24 1942  
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 754

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

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19  
9

**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:  
4301 Laclede Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether

In this community \_\_\_\_\_  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County \_\_\_\_\_

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

(d) Street No. #9 North Boyle Ave.  
(If rural, give location)

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

**3. (a) PRINT FULL NAME** Rose Pace

(b) If veteran, name war None

(c) Social Security No. None

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. day 22nd.  
year 1942 hour 3 minute 30 p.m.

4. Sex F. 5. Color or race W.

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

6. (b) Name of husband or wife Charles Pace

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased July 7th., 1907  
(Month) (Day) (Year)

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.

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>	<u>6</u>	<u>15</u>	hr. _____ min.

Immediate cause of death Acute Dilatation of Heart; Hydrothorax; Pharynx

Due to Myocarditis

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

Due to \_\_\_\_\_

Other conditions 93  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Salvatore Lumetta

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

14. Maiden name Josephine Morino

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

Major findings: Of operations 93

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Charles Pace

(b) Address #9 North Boyle Ave.

17. (a) Burial (b) Date thereof 1-26-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Nonnelly

(b) Address 3840 Lindell Blvd.

19. (a) JAN 24 1942 (b) J. J. Bredet  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 3

23. Signature Alfred Herr (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 1/23/42

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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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Trudell

**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.**