

FILED JUL 27 1942

Registration District No. 284

Primary Registration District No. 300

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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 Lemay  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
723 Regina Avenue /  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Lemay  
(If outside city or town limits, write "RURAL")

(d) Street No. 723 Regina Avenue  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Avetta

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11  
year 1942 hour 3 minute 30 P.M.

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased April 19, 1908  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 21 1936 to July 11 1942  
that I last saw her... alive on June 18 1942  
and that death occurred on the date and hour stated above.

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

41 2 22 hr. min.

Immediate cause of death... Chronic Interstitial Nephritis Arterio Sclerosis

Duration 5 yr

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

10. Usual occupation None

11. Industry or business None

Other conditions Infantile Paralysis 5 yr  
(Include pregnancy within 3 months of death)

PHYSICIAN

MOTHER FATHER

12. Name Anthony Avetta

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

14. Maiden name Caroline Avetta

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

Major findings:  
Of operations 13/12

Of autopsy.....

Underline the cause to which death should be charged statistically.

16. (a) Informant Peter Avetta  
(b) Address 723 Regina Avenue

17. (a) Burial (b) Date thereof July 14 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cem.

18. (a) Signature of funeral director Fendler Und. Co.  
(b) Address 7420 Michigan Avenue.

19. (a) JUL 14 1942 (b) C. F. McQuinn  
(Date received local registrar) (Registrar's signature)

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 6'

23. Signature C. F. McQuinn (M. D. or other)  
Address 762 Lemay Ferry Rd. Date signed 7-12-42

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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

*Harry J. Schumack*

Licensed Embalmer No.

*2679*

P. O. Address

*732 Lemay, Mo.*

**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.**