

Registration District No. 2818

Primary Registration District No. _____

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

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:
St. John Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days
(Specify whether years, months or days)

In this community 21 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")

(d) Street No. 4423 Kossuth Ave. 107
(If rural, give location)

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

3. (a) PRINT FULL NAME Vittoria Giuditta Bernardon

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Louis

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased September 8 1883
(Month) (Day) (Year)

20. DATE OF DEATH: Month April day 20
year 1943 hour 5:30 minute 17 M.

21. I hereby certify that I attended the deceased from 4/19/43 to 4/19/43
that I last saw her alive on 4/19/43 and that death occurred on the date and hour stated above.

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

59 7 12 _____ hr. _____ min.

Immediate cause of death:

1) Myocardial Failure

2) Myemia

Due to Cardiac Ischemic Bright's Disease

Due to Myocarditis

Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

9. Birthplace Cavasso Nicovo Italy 5
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Giovanna Battista Maraldo

13. Birthplace Italy 5
(City, town, or county) (State or foreign country)

14. Maiden name Marla Bier

15. Birthplace Italy 5
(City, town, or county) (State or foreign country)

Major findings: Hypertension

Of operations: 3) C.A. - V. Disease

Of autopsy: Cardiac Renal Vascul

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

16. (a) Informant Louis Bernardon

(b) Address 4423 Kossuth

17. (a) Burial Calvary Cemetery
(Burial, cremation, or removal)

(b) Date thereof April-24-43
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Nicol-Son

(b) Address 1150 N. Kingshighway Blvd

19. (a) APR 21 1943 J. T. Bruesch
(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) _____ X

(b) Date of occurrence _____ X

(c) Where did injury occur? _____ X
(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 X

23. Signature W.O. Smurth (M. D. or other)
Address 3633 Fair Ave Date signed 4/21/43

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

Arnold W. Schoene

Licensed Embalmer No.

3864

P. O. Address

St. Louis, 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.