

FD MAY 14 1943
Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 4229

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:
5231 Wabada 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 45 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 96

(d) Street No. 5231 Wabada Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Bettina Velluntini

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female / race White / 5. Color or White

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

6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if
alive 70 years

7. Birth date of deceased October 12 1869
(Month) (Day) (Year)

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

73	6	24	_____ hr. _____ min.
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9. Birthplace Borgo Mozzano Italy 5
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Elizio Vannucci

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

14. Maiden name Anna

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

16. (a) Informant Julia Lavesta

(b) Address 5231 Wabada

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 1150 N. Kingshighway Blvd.

19. (a) MAY 6 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1943 hour 2 am minute _____ M.

21. I hereby certify that I attended the deceased from May 5th
_____ 1943 to _____ 1943

that I last saw her alive on May 5th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocardial
dilat Duration _____

Due to _____

Due to _____

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

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

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 A. Spizzirri (M. D. or other) _____
Address 1900 Bell Date signed 5.6.43

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..... *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.