786
S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33157

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9011

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town ~~Lindenwood Park~~
(If outside city or town limits, write "RURAL")
(d) Street No. 7082 Winona Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gertrude Lee Receniello
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Louis Receniello
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Aug. 21st., 1892 (Month) (Day) (Year)
8. AGE: Years 51 Months 1 Days 20 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name Harry Cook
13. Birthplace (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name Delphia Lee.
15. Birthplace Chesterfield (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Louis Receniello
(b) Address 7082 Winona Ave.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 10-14-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd
19. (a) OCT 13 1943 (Date received local registrar) (b) J. F. Bruecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11. year 1943 hour 11:05 minute A. M.
21. I hereby certify that I attended the deceased from October 3, 1943, to October 11, 1943, that I last saw her alive on October 11, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral hemorrhage
Uremia
Due to
Nephrosclerosis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Intraventricular hemorrhage + Nephrosclerosis

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 Geo. W. Salmon (M. D. or other) M.D.
Address 1515 Lafayette Avenue. Date signed 10/11/43

(Licensed Embalmer's Statement on Reverse Side)

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. W H Van Matre

Licensed Embalmer No: 2825.

P. O. Address 4340 Lafayette

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.