

FILED JUN 19 1944

1003

Registration District No. 3194B

Primary Registration District No. _____

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 Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
In this community 2 years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Emma Repetto

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race w 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 June 17 1881
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER { 12. Name Louis Repetto
13. Birthplace Genoa Italy
(City, town, or county) (State or foreign country)
14. Maiden name Jane Ridenhour
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Para Repetto
(b) Address St. Louis, Mo

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

(c) Place: burial or cremation Labadie Mo

18. (a) Signature of funeral director Paul J. Thebes
(b) Address _____

19. (a) JUN 5 1944 (b) J. Thebes
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin
(c) City or town Labadie
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June day 17
year 1944 hour 9 minute 25 P. M.

21. I hereby certify that I attended the deceased from May 1942 to June 4 1944
that I last saw her alive on June 4 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Left hemiplegia Duration 36 hrs

Due to Hypertensive cardio-vascular disease 10 yrs ±

Due to _____

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

Major findings: Of operations _____ Of autopsy _____
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 John L. Horner (M. D. or other) M.D.
Address 114 W. Taylor St. Louis Date signed 6-5-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PENCIL MARK AT EVERY

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.....

Joe L. Shieles

Licensed Embalmer No. *3008*

P. O. Address.....

Pacific 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.