V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1944

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32686

Registrar's No. 9268

**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: 0 (Specify whether years, months or days)
In this community: Two days

**2. USUAL RESIDENCE OF DECEASED:**

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

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

(d) Street No.: 5318 Daggett Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME: Paul Pedroli

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Theresa Gualdoni

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

7. Birth date of deceased: January (Month) 17 (Day) 1864 (Year)

8. AGE: Years 80 Months 9 Days 12 If less than one day hr. min.

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

10. Usual occupation: Retired

11. Industry or business: ----------

FATHER
12. Name: Louigi Pedroli
13. Birthplace: (City, town, or county) (State or foreign country) Italy

MOTHER
14. Maiden name: Angela Spezia
15. Birthplace: (City, town, or county) (State or foreign country) Italy

16. (a) Informant: Mrs. Caroline Vinegonia
(b) Address: 5318 Daggett Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-31-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Old SS Peter & Paul

18. (a) Signature of funeral director: Paul C. Calcaterra
(b) Address: 5142 Daggett Ave. St. Louis

19. (a) OCT 30 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month: October day: 29th year: 1944 hour: 8 minute: A. M.

21. I hereby certify that I attended the deceased from Oct 24, 1944, to Oct. 29, 1944; that I last saw him alive on Oct 28, 1944; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Fracture of right femur. | 6 days |
| Uremia | 2 days |
| Due to Prostatic hypertrophy | years |
| 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): Accident

(b) Date of occurrence: Oct 23 1944

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? no (e) Means of injury: fall

23. Signature: Charles Montani (M. D. or other) MD

Address: 5147 Daggett ave. Date signed: 10-30-44

(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 Paul C Calcaterra

Licensed Embalmer No. 2376

P. O. Address 5142 Dagget Ave.

**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.**