V. S. No. 2
100M—2-43
Rev. 5-17-39
X35697

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

#34890

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 1 1944

Registration District No. 818

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32919

Registrar's No. 8938

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(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 4 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4936 Berthold Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Josephine Vettori

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Peter

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

7. Birth date of deceased Mar (Month) 6 (Day) 1870 (Year)

8. AGE: Years 74 Months 7 Days 13 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business at Home

FATHER
12. Name Micheal Brescacin
13. Birthplace Italy (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name Nellie Sanguinella
15. Birthplace Italy (City, town, or county) 5 (State or foreign country)

16. (a) Informant Jasper Vettori
(b) Address 3712 Oak Hill Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-44 (Month) (Day) (Year)
(c) Place: burial or cremation Old St Peter Paul

18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 So. Kingshighway

19. (a) OCT 21 1944 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19th
year 1944 hour 3:45 minute A. M.

21. I hereby certify that I attended the deceased from 10/15/44
, 19 , to Oct. 19th, 19 44
that I last saw her alive on Oct. 19th, 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Renal azotemia and cardiovascular renal disease

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Intestinal obstruction

Of autopsy Intestinal resection with intact anastomosis

Duration

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) Pneumonia
(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 1515 Lafayette (M. D. or other) 10/19/44
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

Donn

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 Edwin D. McDermo

Licensed Embalmer No. 3024

P. O. Address.....

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.