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39
6671

FILED JAN 11 1946
318
Registration District No. 318

State File No. _____
Registrar's No. 11108

Primary Registration District No. 1003

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:
Missouri Baptist Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ ?
 (Specify whether _____)
 In this community _____ Life _____
 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. 2611 Union Blvd.
 (If rural, give location)
 (e) Citizen of foreign country? No _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Rose Mereto

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

4. Sex Female 5. Color or race White 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 July 8th, 1890
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17th
 year 1945 hour 4:45 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from January 30, 1943 to December 17, 1945
 that I last saw her alive on December 17, 1945
 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>5</u>	<u>9</u>	hr. _____ min. _____

Immediate cause of death Thrombo, cytopia Pyruva Klametphagia

Due to _____

Due to _____

Other conditions Diabetes Mellitus
 (Include pregnancy within 3 months of death)

9. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER { 12. Name Anthony P. Mereto
 13. Birthplace New York
 (City, town, or county) (State or foreign country)
 14. Maiden name Sophia Sutter
 15. Birthplace Switzerland
 (City, town, or county) (State or foreign country)

16. (a) Informant Miss Josephine Mereto
 (b) Address 2611 Union Blvd.

17. (a) Burial (b) Date thereof DEC. 20, 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
 (b) Address 4828 Natural Bridge Blvd.

19. (a) DEC 19 1945 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Major findings: Of operations _____

Of autopsy _____

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? _____

23. Signature [Signature] (M. D. or other) _____
 Address 812 [Address] Date signed 12/19/45

USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

JAN 14 1946

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.....

John A. Minner

Licensed Embalmer No. *4186*

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.