

S. No. 2
L.S. 42
3-39
X32873

State File No.

FILED MAR 27 1946
Registration District No. 318

Primary Registration District No. 1003 Registrar's No. 1848

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: Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 2 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Creve Coeur
(If outside city or town limits, write "RURAL")

(d) Street No. Rt. 1
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Marilyn Ann Lombardi

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24 year 1946 hour 2 minute 30 a. m.

21. I hereby certify that I attended the deceased from Feb 22 1946 to Feb 23 1946 that I last saw her alive on Feb. 23 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

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

7. Birth date of deceased February 22, 1946
(Month) (Day) (Year)

Immediate cause of death Cerebral Haemorrhage

Due to Internal Hydr. Cephalis

Due to 151

Other conditions Basal Paralysis
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

2 hr. min.

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

10. Usual occupation Infant

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business.....

MOTHER FATHER { 12. Name Silvio Lombardi

13. Birthplace Arcola Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Ella Suhre

15. Birthplace Marthasville Mo.
(City, town, or county) (State or foreign country)

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? y

(Specify type of place) (e) Means of injury.....

23. Signature Gene A. Merritt (M. D. or other) M.D.
Address 4032 W. Flamingo Ave. Date signed 2/24/46

16. (a) Informant Mrs. S. Lombardi

(b) Address Rt. 1 Creve Coeur, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-46
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Edman Bros. Inc.

(b) Address 2504 Woodson Rd. Overland, Mo.

19. (a) FEB 25 1946 (Date received local registrar) J. F. Brueck (Registrar's signature)

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

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7
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6637

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.....

Harold K. Brown

Licensed Embalmer No.....

4337

P. O. Address.....

Overland, 14

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.