

FILED 1946 MAR 30 1946

Registration District No.

Primary Registration District No. 1003

Registrar's No. 2775

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: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 8 mos. 25 ds.
(Specify whether
In this community 77 yrs. 6 mos. 11 ds.
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. 7125 Southwest Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY PANI

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female / 5. Color or race white 6. (a) Single, widowed, married, divorced Mar.
6. (b) Name of husband or wife George Pani 6. (c) Age of husband or wife if alive 1868 years
7. Birth date of deceased Sept. 10 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 11 If less than one day hr. 1 min.

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

10. Usual occupation Housework

11. Industry or business

12. Name not known
13. Birthplace not known 9
(City, town, or county) (State or foreign country)
14. Maiden name not known
15. Birthplace not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant T. Sengler
(b) Address 5400 Arsenal St.

17. (a) BURIAL (b) Date thereof 3/25/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEMETERY

18. (a) Signature of funeral director M. J. Croghan

(b) Address 1145 Maplehurst Ave.
MAR 25 1946

19. (a) J. F. Brebeck (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 21 Day 21
year 1946 hour 10.45 minute P M.

21. I hereby certify that I attended the deceased from Feb. 15, 1946, to March 21, 1946;
that I last saw her alive on March 21, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia, Terminal Bronchial, Bilateral 3 ds.
Due to Chronic adhesive Pericarditis 1944x

Due to Gastric ulcer, type undetermined 1944x

Other conditions: 2
(include pregnancy within 3 months of death)

Major findings: M
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?

While at work? 0 (Specify type of place) (e) Means of injury

23. Signature Jack Ridelman (M. D. or other) 3/27/46
Address 5400 Arsenal Date signed 3-27-46

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

10420

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 G. Gonski
3398

Licensed Embalmer No.....

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.