S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

20622

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 3 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21753

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5713

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5019 Miami Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community 50 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 147
(d) Street No. 5019 Miami Street (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Katherine Gardella
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife Andrew Gardella
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 31st., 1860 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	4	26	hr. min.

9. Birthplace (City, town, or county) La. (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Antonio Pensa
13. Birthplace (City, town, or county) Italy (State or foreign country)
MOTHER
14. Maiden name Rose Gardella
15. Birthplace (City, town, or county) Italy (State or foreign country)
16. (a) Informant Mr. Charles Gardella
(b) Address 5019 Miami Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) JUN 28 1946 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th., year 1946 hour 1 minute 30 p. M.
21. I hereby certify that I attended the deceased from Sept, 1941, to June 27, 1946 that I last saw her alive on June 27, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 3 wks
Due to Hypertensive Cardio Vascular Renal disease — many years
Due to
Other conditions Senility (Include pregnancy within 3 months of death) Arteriosclerosis
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)
(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 Roland S. Hosto M. D. or other M.D.
Address 3723 S. Kingshighway Ct. Date signed 6-28-46

(Licensed Embalmer's Statement on Reverse Side)

3723 S [illegible]

No 5000 Th 1600

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.