

S. No. 2  
M-5-43  
7. 5-17-39  
X36671

**FILED** JUL 3 1946  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5559**

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

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

In this community                       
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

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

(d) Street No. 3260 Regal Pl.  
(If rural, give location)

(e) Citizen of foreign country?                      (Yes or No) 90

If yes, name country                     

**3. (a) PRINT FULL NAME** Emma P. Repetto

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 Married

6. (b) Name of husband or wife Julius C.

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Jan. 9 1878  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>68</u>	<u>5</u>	<u>13</u>	hr. min.

9. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Attendant

11. Industry or business City Sanitarium

**MOTHER FATHER**

12. Name Unknown

13. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant John W. Kelin

(b) Address 5037 Nottingham

17. (a) Burial (b) Date thereof June 24-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Wacker-Waldhale

(b) Address 3634 Gravois Ave.

19. (a) JUN 24 1946  
(Date received local registrar)

J. F. Brudeck  
(Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 22  
year 1946 hour 5 minut 30A. M.

21. I hereby certify that I attended the deceased from                     , 19          , to                     , 19          ;  
that I last saw h.                      alive on                     , 19          ;  
and that death occurred on the date and hour stated above.

Immediate cause of death                      Duration                     

Pleural effusion  
Coronary Hypertrophy

Due to                     

Due to                     

Other conditions                       
(Include pregnancy within 3 months of death)

Major findings: 95  
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?                      (Specify type of place)

(e) Means of injury                     

23. Signature Alfred Perry (M. D. or other)                     

Address Deport, Missouri Date signed 6/24/46

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

---

---

**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.....

*Frank J. [Signature]*

Licensed Embalmer No. ....

*2675*

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.**