

**FILED** AUG 9 1946  
 Registration District No. **318**

Primary Registration District No. ....

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

**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:  
**1915 N. Vandeventer /**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether in this community..... years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State..... **Missouri** (b) County..... **020**  
 (c) City or town..... **St. Louis** **11/7**  
(If outside city or town limits, write "RURAL")  
 (d) Street No..... **1915 Vandeventer** **9**  
(If rural, give location) **10**  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** **Mary Loos**  
**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** **Widowed**  
**6. (b) Name of husband or wife** **Phillip** **6. (c) Age of husband or wife if alive**..... years  
**7. Birth date of deceased** **June 5, 1870**  
(Month) (Day) (Year)

**8. AGE:** Years **76** Months **1** Days **24**  
 If less than one day hr. min.

**9. Birthplace** **New Orleans La.**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **At Home**

**11. Industry or business**.....

**MOTHER** { **12. Name** **John Petralia**  
**13. Birthplace** **Genoa Italy**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Madeline Paretti**  
**15. Birthplace** **Paretti Italy**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Joseph A. Cassin**  
**(b) Address** **8512 Church Rd.**

**17. (a) Burial** **(b) Date thereof** **8 - 1 - 46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Bellefontaine Cem.**

**18. (a) Signature of funeral director** **Charles J. Stewart**  
**(b) Address** **1225 Wilson Blvd.**

**19. (a) Date received by Registrar** **11/1 1946** **(b) Registrar's signature** **J. F. Bredbeck**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **July** day **29th**  
 year **1946** hour **5:** minute **45** P. M.  
**21. I hereby certify that I attended the deceased from** **July 1**  
**1946** to **July 29** **1946**  
 that I last saw her alive on **July 28** **1946**  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Cerebral Hemorrhage**  
 Due to **Arteriosclerosis**  
 Due to.....  
 Other conditions..... **83**  
(Include pregnancy within 3 months of death)

Duration

**PHYSICIAN**

Major findings:  
 Of operations.....  
 Of autopsy.....  
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** **E. C. Emerson** (M. D. or other)  
 Address **5022 Maple Ave** Date signed **July 30**

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**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.....

*J. Allen Davis Jr.*  
Licensed Embalmer No. 4053

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.**