

FILED 1948 STANDARD CERTIFICATE OF DEATH 1003

State File No. _____

Registration District No. 318

Primary Registration District No. _____

Registrar's No. 8203

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:
St. John's Hospital
(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 000
(c) City or town St. Louis 7-17
(If outside city or town limits, write "RURAL")
(d) Street No. 5073a Durant Ave. 9
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Baby Joseph Glennon Olivastro

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

4. Sex Male () 5. Color or race White 6. (a) Single, widowed, married, divorced Single ()

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased October 8 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 8 hr. _____ min.

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

10. Usual occupation Nihil

11. Industry or business _____

12. Name Peter Olivastro

13. Birthplace Carini Italy
(City, town, or county) (State or foreign country)

14. Maiden name Fanny Pizzo

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

16. (a) Informant Peter Olivastro
(b) Address 5073a Durant

17. (a) Burial (b) Date thereof Oct 14 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Benwick Tichau
(b) Address 1431 Union Blvd.
19. (a) OCT 14 1946 (Date received local registrar)
J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13
year 1946 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from Oct 8 1946 to Oct 13 1946
that I last saw h.l.m. alive on Oct 13 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage
Due to Erythroblastosis Foetalis

Due to _____
Other conditions 161 C
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Joseph M. Krebs
Address 634 N. Spring Date signed 10-17-46

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

54253

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 H. Nicholas

Licensed Embalmer No. 2915

P. O. Address Shavers 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.