

No. 2
1-5-43
5-17-39
I X36871

FILED OCT 28 1946 318

1003

Registration District No. _____ Primary Registration District No. _____

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:
ST JOHNS 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 Mo (b) County _____

(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 307 So EVELID AVE
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME SISTER M. VERA SANNIPOLE

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 SINGLE

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

7. Birth date of deceased JULY 27 1920
(Month) (Day) (Year)

8. AGE: Years 26 Months 2 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation RELIGIOUS

MOTHER FATHER

11. Industry or business _____

12. Name JAMES SANNIPOLE

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

14. Maiden name MARY SCASSELATTI

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

16. (a) Informant Sister M. Veronica

(b) Address 307 So. Evelid Ave

17. (a) BURIAL (b) Date thereof 10/19/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's Conv. Cemetery

18. (a) Signature of funeral director J. F. Bedeak

(b) Address 2165 Oakman

19. (a) OCT 18 1946 (b) J. F. Bedeak
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 17
year 1946 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from OCT 14
1946, to OCT 17 1946
that I last saw her alive on OCT 17 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism Duration 5 min

Due to _____

Due to _____

Other conditions Bronchopulmonary Fistula 3 yrs
(Include pregnancy within 3 months of death)

Major findings: Bronchopulmonary Fistula
Of operations Diagnosis was changed to
Of autopsy Empyema

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)

(c) Means of injury _____

23. Signature H. L. Johnson (M. D. or other) _____
Address St. John's Hosp. St. Louis, Mo Date signed 10-18-46

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 *A. J. Ferris*

Licensed Embalmer No. *3384*

P. O. Address *A. J. Ferris*

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.