

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

FILED FEB 27 3 1947
 Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town..... St. Louis, Missouri.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
 (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..... osc
 (c) City or town..... ST. LOUIS
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3677 Olive St
Memorial (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME JENNIE CHIVETTA

3. (b) If veteran, name war..... 3. (c) Social Security No. 494-01-2824

4. Sex FEMALE 5. Color or race WHITE

6. (b) Name of husband or wife CHARLES 6. (a) Single, widowed, married, divorced DIVORCED

6. (c) Age of husband or wife if alive..... 42 years

7. Birth date of deceased..... SEPT 5th 1908
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 4 7 hr. min.

9. Birthplace..... ST. LOUIS, MO.
 (City, town, or county) (State or foreign country)

10. Usual occupation GARMENT WORKER

11. Industry or business

12. Name..... PHILLIP GEBBIA

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

14. Maiden name..... PAULINE DELBERTO

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

16. (a) Informant..... MR. GUY GEBBIA

(b) Address..... ROYALTON, ILL.

17. (a) REMOVAL (b) Date thereof..... 1-15-1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... ROMAN CATHOLIC (Rm) ROYALTON, ILL.

18. (a) Signature of funeral director..... ROWLAND SERVICE

(b) Address..... WASHINGTON, MO.

19. (a) JAN 20 1947 (b) J. F. Brebeck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12th
 year 1947 hour 3:20 minute P M.

21. I hereby certify that I attended the deceased from 1/8/47
 to 1/12/47, 19..... to 1/12/47, 19.....
 that I last saw h..... or alive on 1/12/47, 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Toxemia Duration 12 hrs

Due to..... Hyperemesis gravidarum 10 days

Due to.....

Other conditions..... Obstetric pregnancy - 2 mos. 2 mos.
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy..... Pregnant uterus - 2 mos.

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) 5

While at work?..... (e) Means of injury..... James R. Bourgeois, M.D.

23. Signature..... 1515 Lafayette 1/12/47
 Address..... Date signed.....

139

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..... *Alex Campbell*

Licensed Embalmer No. *3881*

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.