S. No. 2
M—2-43
7. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 16 1947

Registration District No. 37-1

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 3330

Registrar's No. 27

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 10 days (Specify whether years, months or days)

In this community: 0

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 0

(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 1428 No. Market St. 9
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 1

If yes, name country:

3. (a) PRINT FULL NAME: Joseph Bertuglia

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male 0

5. Color or race: White

6. (a) Single, ~~widowed~~, ~~married~~, ~~divorced~~: Single 0

6. (b) Name of husband or wife: ———

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

7. Birth date of deceased: December (Month) 7 (Day) 1946 (Year)

8. AGE: Years 0 | Months 1 | Days 0 | If less than one day: ___ hr. ___ min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Nihel

11. Industry or business: ———

MOTHER FATHER

12. Name: Joseph Bertuglia 0

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

14. Maiden name: Frances Butler 0

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

16. (a) Informant: Mrs. Joseph Bertuglia

(b) Address: 1428 No Market

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-8-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Slavary Cemetery

18. (a) Signature of funeral director: Bensiek-Mekaus

(b) Address: 1431 Union Bl

19. (a) 1-9-47 (Date received local registrar) (b) Ruth Gallen MD MSA (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: January day: 6 year: 1947 hour: 7 minute: 20 P M.

21. I hereby certify that I attended the deceased from December 1 1946 to January 6 1947 that I last saw him alive on Jan 5 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: aspiration pneumonia — Duration: 24 hr.

Due to: Prematurity

Due to: 159

Other conditions (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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: Guy F. Davis (M. D. or other)

Address: 634 N. Grand Ave. Date signed: 1-8-47

(Licensed Embalmer's Statement on Reverse Side)

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. Nichols

Licensed Embalmer No. 2915

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.