

FILED JUN 14 1948
Registration District No. _____

Primary Registration District No. 1003

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: Pronounced dead at City Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 1024 No. 14th St. 9
25 (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME ROCCO BERTE

3. (b) If veteran, name war NO

3. (c) Social Security No. 487-22-8435

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ANNIE BERTE

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased AUGUST 23 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>9</u>	<u>13</u>	_____ hr. _____ min.

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

10. Usual occupation BARBER

11. Industry or business FULLERTON BARBER SHOP

MOTHER FATHER { 12. Name GHIO BERTE

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

{ 14. Maiden name GRACE UNKNOWN

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

16. (a) Informant Luis BerTE
(b) Address 1024 No. 14th St.

17. (a) Burial (b) Date thereof Jun 9, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director BENSIEK-NIEHAUS
(b) Address 1431 Union Bl.

19. (a) JUN 7 1948 (b) J. F. Break
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1947 hour 11 minute 25 A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to ventricle

Other conditions No Trauma
(Include pregnancy within 3 months of death)

Major findings: 1003

Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause of 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 3

23. Signature Thomas J. Collins
Address _____ Date signed 6-7-47

WRITE PLAINLY—USING 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 _____

Elmer R. Cadwell

Licensed Embalmer No. 4077

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.