

No. 2
-12-45
-17-39
X47070

FILED JUN 5 1947
318

1003

Registrar's No. **4978**

Registration District No. **318**

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:
Faith Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Louette Ann Signorelli

3. (b) If veteran, name war None

3. (c) Social Security No. None

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 October 8, 1941
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>5</u>	<u>7</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation Child

11. Industry or business

12. Name Dr. Jasper R. Signorelli

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

14. Maiden name Lucille Mees

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

16. (a) Informant Dr. Jasper R. Signorelli

(b) Address 3335 Abner Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/47
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc.

(b) Address 2161 East Fair Ave

19. (a) MAY 17 1947 (Date received local registrar)

J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 6 3335 Abner Pl.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th
year 1947 hour 9:15 PM minute _____ M.

21. I hereby certify that I attended the deceased from 5/14/47
_____, 19____, to _____, 19____;

that I last saw her alive on 5/15/47, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism Stat.

Due to Operation for tonsillectomy
5/14/1947

Due to _____

Other conditions 115c
(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? _____

23. Signature A. J. Signorelli (Specify type of place) _____
while at work? _____ (e) Means of injury _____

Address 2801 N. Taylor Date signed 5/16/47

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 William G. Buchholz
Licensed Embalmer No. 2160
P. O. Address St. Louis 9

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.