

**FILED JUL 26 1947**  
**318**  
Registration District No. ....

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution..... **Infirmary Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **10/22/46 to 7/17/47**  
(Specify whether)

In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **MISSOURI** (b) County..... **Mad**

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

(d) Street No..... **4529a Swan Ave.**  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME..... **ANNIE LAVEZZI**

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **July** day..... **17**  
year..... **1947** hour..... **3** minute..... **50** P.M.  
**Jan.**

4. Sex..... **Female** 5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Widow**

6. (b) Name of husband or wife..... **Late Joseph**

6. (c) Age of husband or wife if alive..... years  
**22** 1860

7. Birth date of deceased..... **Feb.** 22 1860  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... **1** 19.. **47** to..... **July 17** 19.. **47**  
that I last saw h. **er** alive on..... **July 17** 19.. **47**  
and that death occurred on the date and hour stated above. Duration

Immediate cause of death.....  
**Pneumonia**  
**left upper lobe**  
**LOBAR** **12 hrs.**

Due to.....

Due to.....  
**Generalized**  
**arteriosclerosis**

Other conditions.....  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

**87** **4** **25** hr. min.

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

10. Usual occupation..... **Nil**

11. Industry or business.....

12. Name..... **Tom Riley**

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

14. Maiden name..... **Mary ?**

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

16. (a) Informant..... **City Infirmary Records**

(b) Address..... **5800 Arsenal St.**

17. (a) **Burial** (b) Date thereof..... **7 21 47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Memorial Park Cem.**

18. (a) Signature of funeral director..... **Kriegshauser Und. Co.**

(b) Address..... **4228 So. Kingshighway Bl.**

19. (a) **JUL 18 1947** (b) **J. F. Bredek**  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause of which death should be charged statistically.

Major findings:  
Of operations.....

Of autopsy..... **as above**

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 name of place)

While at work?..... (Specify means of injury)

23. Signature..... **M. P. Shoney** (other)

Address..... **5600 Arsenal** Date signed..... **7-17**

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 Edwin M. Bennett

Licensed Embalmer No. 3024

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.