V. S. No. 2
50M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26018

Registration District No. #68868 FILED AUG 8 1947 318

Primary Registration District No. 1003

Registrar's No. 7030

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: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

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

In this community

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. 1629a North 17th St. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 8

If yes, name country

3. (a) PRINT FULL NAME NATALE SARDO

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Catherine

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March (Month) 3 (Day) 1878 (Year)

8. AGE: Years 69 Months 4 Days 24 If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business

MOTHER FATHER

12. Name Natale Sardo

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

14. Maiden name Mattia Crema

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

16. (a) Informant Jim Sardo

(b) Address 1613 North 17th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-47 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Miceli & Sons

(b) Address 1150 N. Kingshighway

19. (a) JUL 29 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th year 1947 hour 10:25 minute A M.

21. I hereby certify that I attended the deceased from 6/2/47, 19..., to July 27th, 1947; that I last saw her alive on July 27th, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Complication of amputation of leg - Amputation June 2, 1947	
Due to Gangrene of foot	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operation
Of autopsy

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

23. Signature R. Thomas (M. D. or other)

Address 1515 Lafayette Date signed 7/28/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

7029 7029

7029

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. Philip A. Miceli

Licensed Embalmer No. 4427

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.