

FILED NOV 28 1947

Registration District No. 318

Primary Registration District No.

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: **City Hospital**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **MO.** (b) County..... **oav**
 (c) City or town..... **ST. LOUIS** **17**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2724 SULPHUR AVE** **9**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... **SARA LAMONTI**
 3. (b) If veteran, name war..... **NONE**
 3. (c) Social Security No.

4. Sex..... **FEMALE**
 5. Color or race..... **WHITE**
 6. (a) Single, widowed, married, divorced..... **MARRIED**
 6. (b) Name of husband or wife..... **FRED**
 6. (c) Age of husband or wife if alive..... **65** years
 7. Birth date of deceased..... **DEC 3 1977**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	11	13hr.min.

9. Birthplace..... **ITALY**
(City, town, or county) (State or foreign country)
 10. Usual occupation..... **HOUSE WORK**
 11. Industry or business.....
 12. Name..... **JOSEPH GIONO**
 13. Birthplace..... **ITALY**
(City, town, or county) (State or foreign country)
 14. Maiden name..... **MARGARET ARNOLD**
 15. Birthplace..... **ITALY**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **FRED LIMONTI**
 (b) Address..... **2724 SULPHUR AVE**
 17. (a) **BURIAL** (b) Date thereof..... **11-19-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... **BELLEFONTAINE CEM**
 18. (a) Signature of funeral director..... **KRIEGSHAUSER**
 (b) Address..... **4228 SO. KINGS HIGHWAY**
 19. (a) **NOV 17 1947** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Nov.** day..... **16th**
 year..... **1947** hour..... **6:10** minute..... **P** M.
 21. I hereby certify that I attended the deceased from..... **11/13/47**
 to..... **Nov. 16th** 19..... **47**
 that I last saw h. or alive on..... **Nov. 16th** 19..... **47**
 and that death occurred on the date and hour stated above.

Duration
 Immediate cause of death.....
Respiratory failure
chemia
 Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)
hypertension
renal cystic disease
 Major findings: **450 cc resected specimen**
 Of operations.....
for cancer of bowel at
Bernard Hosp - St. Louis
 or autopsy.....

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..... (c) Means of injury.....
 Signature..... **Paul Thomas** (M, D, or other)..... **MD**
1515 Lafayette Date signed..... **11/17/47**
 Address..... Date signed.....

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

MOTHER FATHER

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 Richard N. Stovessand
Licensed Embalmer No. 4007

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.