No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3079

REC'D JAN 16 1948

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 209

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: Stone Nursing Home 4
(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 Mo. (b) County

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

(d) Street No. 4706A Page Blvd.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Julia Serbi

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Martin Serbi

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

7. Birth date of deceased Dec. (Month) 26 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
78	0	11	hr. min.

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

10. Usual occupation Home

11. Industry or business

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. J. Sartori

(b) Address 4706A Page

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-9-48 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) JAN 8 1948 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7 year 1948 hour 8 minute A M.

21. I hereby certify that I attended the deceased from October 15, 1943 to Jan 6, 1948; that I last saw her alive on Jan 6, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	5 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Cerebral hemorrhage	8 yrs
paralysis of right arm and leg	

Major findings:
Of operations
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 O. D. Meyer (M. D. or other)

Address 6029 S. Kingshighway Date signed 1-7-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side).

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

2 to 4 Wed.

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 Warren A. Carver

Licensed Embalmer No. 353K

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.