S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 25 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10556

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2612

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: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community Pendino

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4963 Davison Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jasper Pendino
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Pauline Pendino
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased June 22nd. 1885 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	8	23	hr. min.

9. Birthplace Italy (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
MOTHER FATHER
12. Name Louis Pendino
13. Birthplace Italy (City, town, or county) (State or foreign country)
14. Maiden name Nellie Pinna
15. Birthplace Italy (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Pauline Pendino
(b) Address 4963 Davison Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem
18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.
19. (a) MAR 16 1948 (Date received local registrar) (b) J. F. Medes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1948 hour 1 minute 05 A.M.
21. I hereby certify that I attended the deceased from March 11, 1948 to March 15, 1948 that I last saw him alive on March 15, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Due to: Chronic pyelonephritis Non-calculous	
Due to:	
Other conditions (include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: As above	

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 F R Bradley (M. D. or other)
Address Barnes Hospital Date signed 3/15/48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 John P. Buckholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis

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.