

FILED AUG 12 1948

Registration District No. **318**

Primary Registration District No. **1005**

Registrar's No. **6701**

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..... St. John's Hospital
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution..... 0 (Specify whether
in this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... 000
(c) City or town..... St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No..... 5226 Wilson 0
13 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME JOANNE Pedrol, J.

3. (b) If veteran, name war..... No 3. (c) Social Security No. No

4. Sex..... female 5. Color or race..... White
6. (a) Single, widowed, married, divorced..... single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased..... July 20 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 0 9 hr. min.

9. Birthplace..... St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name..... John Pedrol, J.

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

14. Maiden name..... Regina Ruggieri

15. Birthplace..... St. Louis, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mr. John Pedrol, J.

(b) Address..... 5226 Wilson Ave.

17. (a) Burial (b) Date thereof..... Aug 2 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Resurrection

18. (a) Signature of funeral director..... Paul C. Calcester

(b) Address..... 5142 Duggett Ave.

19. (a) JUL 30 1948 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th
year..... 1948 hour..... 10 minute..... 15 P.M.

21. I hereby certify that I attended the deceased from
July 5, 1948, to July 29, 1948.
that I last saw her..... alive on July 29, 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death..... acute Rheumatic fever 24 days
Duration

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy..... acute myocardial Rheumatic

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)

23. Signature..... Charles Montani (M. D. or other) M.D.
While at work?..... Years of injury.....

Address..... 5147 Duggett Ave. Date signed..... 7-30-48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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 Paul P. Calcaterra

Licensed Embalmer No. 2376

P. O. Address 5142 Daylight Ln

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.