No. 300
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5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 13 1948 318

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 100

State File No. 28206

Registrar's No. 7804

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

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: 6515 Fyler Ave.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17

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

(d) Street No. 6515 Fyler Ave
(If rural, give location)

(e) Citizen of foreign country? 3 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MINNIE SCOTTI

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 Widow

6. (b) Name of husband or wife Late James Scotti

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

7. Birth date of deceased April (Month) 15 (Day) 1876 (Year)

8. AGE: Years 72 Months 4 Days 19 If less than one day hr. min.

9. Birthplace (City, town, or county) Italy 5 (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Peter Pastore
13. Birthplace (City, town, or county) Italy 5 (State or foreign country)

MOTHER
14. Maiden name Martha Unknown
15. Birthplace (City, town, or county) Italy 5 (State or foreign country)

16. (a) Informant Mrs Angelina Ainerito
(b) Address 6515 Fyler Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Gillispie, Illinois

18. (a) Signature of funeral director Kriegshauser Und.
(b) Address 4228 So. Kingshighway Blvd.

19. (a) SEP 5 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4 year 1948 hour 4:25 minute A. M.

21. I hereby certify that I attended the deceased from Sept 2nd, 1948 to Sept 4, 1948 that I last saw her alive on Sept 3rd, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Haemorrhage	One day
Coronary Thrombosis	3 days
Due to Arterial Hypertension	Indefinite
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to 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 C. V. Wilcox M.D. (M. D. or other) MD
Address 3288 Ivanhoe Ave Date signed 9-4-48

(Licensed Embalmer's Statement on Reverse Side) St Louis 9 Mo

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 W. Stoveand

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.