No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 1 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29662

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 3904

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kc.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Research Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo. D (Specify whether
In this community 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Kc (If outside city or town limits, write "RURAL") 3
(d) Street No. 906 E Mo Ave (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PETE BERARDI
3. (b) If veteran, name war no
3. (c) Social Security No. 489-28-1740
4. Sex M D
5. Color or race W
6. (a) Single, widowed, married, divorced div 2
6. (b) Name of husband or wife unknown.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 15 (Day) 1883 (Year)
8. AGE: Years 64 Months 9 Days 9 If less than one day hr. min.
9. Birthplace (City, town, or county) Italy 5 (State or foreign country)
10. Usual occupation Labour
11. Industry or business
FATHER
12. Name Anthony Berardi 5
13. Birthplace (City, town, or county) Italy (State or foreign country)
MOTHER
14. Maiden name Rosie
15. Birthplace (City, town, or county) Italy 5 (State or foreign country)
16. (a) Informant Anthony Berardi
(b) Address 906 E Mo Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt St Marys.
18. (a) Signature of funeral director Sebbeto's
(b) Address City
19. (a) 9-25-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
year 1948 hour 7:30 minute A M.
21. I hereby certify that I attended the deceased from Jan. 12th, 1948 to Sept 24, 1948
that I last saw her alive on Sept 23, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coxemia — Duration 3 days
Due to Cardiac failure from 1/12/48
Due to A.C.L. Pneumonia — 3 days
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 108
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 0
23. Signature A. Saladino (M. D. or other)
Address 721 Rialto Bldg Date signed Sept 25-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

Salamina

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 Roy E Snow

Licensed Embalmer No. 2560

P. O. Address K C Mo.

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.