

S. No. 30
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38604**
Registrar's No. **10067**

FILED DEC 2 1948
Registration District No. **318**

Primary Registration District No. **1005**

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Park Lane Hospital
(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 Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5112 Cabanne Avenue
12 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edith Sandretto
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 19
year 1948 hour 9:45 minute AM P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

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

Immediate cause of death
General Peritonitis
Chronic Inflammatory
Due to process in posterior
cul-de-sac.
Due to _____

7. Birth date of deceased February 20 1925
(Month) (Day) (Year)
8. AGE: Years 23 Months 8 Days 29 If less than one day hr. _____ min. _____

Duration
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.

9. Birthplace Chisholm Minnesota
(City, town, or county) (State or foreign country)
10. Usual occupation Factory Worker

11. Industry or business _____
12. Name Dominick Sandretto
13. Birthplace Italy
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Girotti
15. Birthplace Clinton Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Sandretto
(b) Address Kirksville, Missouri
17. (a) Removal (b) Date thereof 11/20/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kirksville, Missouri

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?
While at work? _____ (Specify type of place)
(e) Means of injury _____

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) NOV 20 1948 J. B. Luster
(Date received by Registrar) (Registrar's signature)

23. Signature Dr. Alfred J. Perry (M. D. or other)
Address 2000 1/2 Cabanne Date signed 11/20/48

DEC 13 1948

Frank

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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.....

Frank J. Kaud

Licensed Embalmer No.....

2645

P. O. Address.....

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.