

FILED MAY 5 1949

STANDARD CERTIFICATE OF DEATH

State File No. 14057

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3696

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY OR TOWN <u>St. Louis</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5904 McPherson Ave.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> d. STREET ADDRESS (If rural, give location) <u>5904 McPherson Ave.</u>	
3. NAME OF DECEASED (Type or Print) <u>Eugenia Pertici</u> a. (First) _____ b. (Middle) _____ c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 23, 1949</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>Dec. 21, 1881</u>
9. AGE (In years last birthday) <u>67</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) <u>Italy</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Andrea Zigango</u>		13b. MOTHER'S MAIDEN NAME <u>Maria Sanbucetti</u>	
14. NAME OF HUSBAND OR WIFE <u>Rudolph Pertici</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Rudolph Pertici, 5904 McPherson</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>↑</u> DUE TO (c) <u>↑</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiovascular disease</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>930</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>H221</u>		22. I hereby certify that I attended the deceased from <u>Apr 2</u> , 19 <u>47</u> , to <u>Apr.</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Apr 5</u> , 19 <u>49</u> , and that death occurred at <u>10.45 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Karl L. Keffler M.D.</u>		23b. ADDRESS <u>1139 Bellevue ave.</u>	
23c. DATE SIGNED <u>Apr. 25-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Apr. 26, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. B. Fasater Arthur J. Donnelly 40 Lindell Blvd.</u>	
DATE RECD BY LOCAL REG. <u>APR 25 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Fasater</u>	

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.