

FILED SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28361

State File No. _____

BIRTH NO. 62383-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7459

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>ADO</u>	
b. CITY OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS</u> <u>17</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5230 SHAW</u>		d. STREET ADDRESS (If rural, give location) <u>13- 5230 SHAW</u>	

3. NAME OF DECEASED (Type or Print) <u>ROBERT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 27 1949</u>		
a. (First)	b. (Middle)	c. (Last)			
	<u>MORETTO</u>				

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Aug. 24, 1949</u>	9. AGE (In years last birthday) <u>3</u>	10. UNDER 1 YEAR <u>3</u>	11. UNDER 24 HRS. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis</u>	12. CITIZEN OF WHAT COUNTRY? <u>0</u>
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13a. FATHER'S NAME <u>Bruno Moretto</u>	13b. MOTHER'S MAIDEN NAME <u>Leona Bloom</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Robert Moretto</u>	ADDRESS <u>5230 SHAW</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>patent foramen ovale</u>		
	ANTECEDENT CAUSES <u>prematurity</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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>157</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>7.52</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

22a. SIGNATURE <u>Richard P. Bounce</u> (Degree or title)	22b. ADDRESS <u>D.O. 2 2335 Brown Road - Louis</u>	22c. DATE SIGNED <u>8/27/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 29 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>AUG 28 1949 J B Pasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Calcaterra</u>	ADDRESS <u>5142 DAGGER</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Paul P. Calcaterra

Licensed Embalmer No. 2376

P. O. Address 5142 Daggett

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.