

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3304**
Registrar's No. **303**

FILED FEB 11 1950
BIRTH NO. **85185-49** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3069**

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY 149.60	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS COUNTY RICHMOND HEIGHTS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS COUNTY	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 8911 WINDON	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) LORETTA b. (Middle) RESELLI c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Feb. 3 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single (1)	8. DATE OF BIRTH Dec. 21, 1949	9. AGE (In years last birthday) 6 weeks	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	11. BIRTHPLACE (State or foreign country) St. Louis Mo	12. CITIZEN OF WHAT COUNTRY —
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13a. FATHER'S NAME Bildo Restelli	13b. MOTHER'S MAIDEN NAME Ann Mariani	14. NAME OF HUSBAND OR WIFE —
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bildo Restelli 8911 Windon
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cerebral Thrombosis.		INTERVAL BETWEEN ONSET AND DEATH one day.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.		
19a. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION Autopsy at St. Mary's Hospital in Clayton. Congestion of spleen and Anemia		

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)
21d. TIME OF INJURY (Month), (Day), (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 2981

22. I hereby certify that I attended the deceased from **Dec. 21, 1949** to **Feb. 3, 1950**, that I last saw the deceased alive on **—, 19—**, and that death occurred at **— m.**, from the causes and on the date stated above.

23a. SIGNATURE Henry E. Rosenberg, M.D.	23b. ADDRESS 1467 N. Union Blvd.	23c. DATE SIGNED Feb 4-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Feb. 6, 1950	24c. NAME OF CEMETERY OR CREMATORY Resurrection	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 4 1950 Hershey R. Womack, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul C. Calcaterra 5142 DAGGETT
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Paul C. Calcaterra

Signed.....
Student Embalmer

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.