

FILED FEB 4 1957

STANDARD CERTIFICATE OF DEATH

State File No. **3012**
Registrar's No. **442**

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 442 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO. | | c. LENGTH OF STAY (in this place) 3 Yr. | | c. CITY OR TOWN ST. LOUIS | | d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 6049 ARTHUR AVE #14 | | | | e. STREET ADDRESS (If rural, give location) 6049 ARTHUR AVE. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) RUTH | | b. (Middle) L. | | c. (Last) PRETTO | | 4. DATE OF DEATH (Month) (Day) (Year) 1-14-1957 | |
| 5. SEX FEMALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH (Month) (Day) (Year) 3-7-1917 | |
| 9. AGE (in years last birthday) 39 | | IF UNDER 1 YEAR Months _____ | | IF UNDER 1 YEAR Days _____ | | IF UNDER 1 YEAR Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STENOGRAPHER | | 10b. KIND OF BUSINESS OR INDUSTRY OFFICE WORK | | 11. BIRTHPLACE (City and State or Foreign Country) SKIMMER FIELD, ILL. | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME HENRY R. PETERS | | 13b. MOTHER'S MAIDEN NAME AUGUSTA | | 14. NAME OF HUSBAND OR WIFE EMIL PRETTO | | | |
| 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. 499-10-7007 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS EMIL PRETTO 6049 ARTHUR AVE. | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Alcoholism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 322.0 | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) | | | |
| 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? | | | |
| 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 8:55 A.M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Patrick Taylor Caron | | | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 1-15-57 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 24b. DATE 1-17-57 | | 24c. NAME OF CEMETERY OR CREMATORY LAKENWOOD PARK CEMETERY | | 24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO. | |
| DATE REC'D BY LOCAL REG. JAN 15 '57 | | REGISTRAR'S SIGNATURE Carl Smith MO | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Howard Mule 5930 Southwest | | | |

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.....
Signature of Student Embalmer

Signed *Nadley J. Keller Jr*
Licensed Embalmer No. *1995*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.