

WRITE CAREFULLY WITH OBRADING INSTRUMENTS IS A PERMANENT RECORD

SEP 10 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29562
Do not use this space.

1. PLACE OF DEATH
(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City (d) Street No. **3402 Marcus Ave.** St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Teresa Pretti.**
(a) Residence, No. **3402 Marcus Ave.** St. **10** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female**
4. COLOR OR RACE **White**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Joseph Pretti.**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 1, 1883**
7. AGE YEARS **54** MONTHS **1** DAYS **28** If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
9. Industry or business in which work was done, as saw mill, bank, etc. **at home**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Turino**
(STATE OR COUNTRY) **Italy**

13. NAME **Unknown Aimonetta**

14. BIRTHPLACE (CITY OR TOWN) **Italy**
(STATE OR COUNTRY)

15. MAIDEN NAME **Catherine Unknown**

16. BIRTHPLACE (CITY OR TOWN) **Italy**
(STATE OR COUNTRY)

17. INFORMANT **Joseph Pretti.**
(ADDRESS) **3402 Marcus Ave.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Calvary Cemetery.** DATE **Sept. 1, 1937**

19. FUNERAL DIRECTOR **Bensiek Neuhau**
(ADDRESS) **1138 N. 2nd St.**

20. FILED **AUG 31 1937** **J. J. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 29, 1937**
22. I HEREBY CERTIFY, That I attended deceased from **June 1, 1937** to **Aug 29, 1937**
I last saw her **alive on Aug 29, 1937** Death is said to have occurred on the date stated above, at **11:45 A.M.**
The principal cause of death and related causes of importance were as follows:

Myocarditis, acute
cause unknown.

Other contributory causes of importance:

93a

Name of operation **none** Date of
What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify **working**

(Signed) **[Signature]** M. D.
(Address) **4500 Olive, Kansas**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

699

16
18
19

MS Victoria Health
R 30 to 3
Keller 13619

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Larry M. White
Licensed Embalmer No. 7393

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.)