

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.

JAN 12 1940
Registration District No. 791

JAN 12 1940

Primary Registration District No.

Registrar's No. 10503

1. PLACE OF DEATH: 1008
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 1442 Sullivan Ave.
(d) Length of stay: In hospital or institution 26 years.
In this community 26 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 1
(c) City or town St. Louis 21
(d) Street No. 1442 Sullivan Ave.
(e) If foreign born, how long in U. S. A. 7 years.

3. (a) PRINT FULL NAME Thomas Perotti, 630
(b) If veteran, name war no
(c) Social Security No. 492-12-8622

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 5
year 1939 hour 10 minute P. M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Mary Perotti
(c) Age of husband or wife if alive 58 years
7. Birth date of deceased July 27, 1881.

21. I hereby certify that I attended the deceased from Nov. 22, 1939, to Dec. 5, 1939; that I last saw him alive on Dec. 2, 1939; and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 4 Days 9
If less than one day hr. min.

Immediate cause of death: Coronary thrombosis
Due to Myocarditis chronic 2 years?
Due to Hypertensive heart disease

9. Birthplace Italy
(City, town, or county) (State or foreign country)

Other conditions: (Include pregnancy within 3 months of death)

10. Usual occupation P.W.A.

PHYSICIAN: Underline the cause to which death should be charged statistically.

11. Industry or business same

Major findings: Of operations

MOTHER FATHER { 12. Name Dominic Perotti

13. Birthplace Italy
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Bonzatta
(City, town, or county) (State or foreign country)

15. Birthplace Italy
(City, town, or county) (State or foreign country)

Of autopsy

16. (a) Informant's own signature Theresa Perotti
(b) Address 1442 Sullivan

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

17. (a) Burial (b) Date thereof Dec. 8, 39
(c) Place: burial or cremation Calvary Cemetery

(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Burial - Nicholas
(b) Address 1431 Union Blvd.

(Specify type of place) (e) Means of injury

19. (a) DEC 8 1939 (b) Signature J. D. Cieri

23. Signature Joseph D. Cieri (M. D. or other)
Address 1462 N. Taylor Date signed 12/7/39

462 21 Aug 1972

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed L. M. White

Licensed Embalmer No. 3972

P. O. Address.....

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, above space should be left blank.