

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 10414

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Days
(Specify whether
In this community 26 years,
years, months or days)

3. (a) PRINT FULL NAME Cherinto Torrini

3. (b) If veteran, name war none 3. (c) Social Security No. 489-10-671

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Stella Torrini 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased June 15, 1885-1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>45</u>	<u>55</u>	<u>45</u>	<u>6</u>	<u>2</u>
			hr.	min.

9. Birthplace: Italy (City, town, or county) (State or foreign country) 7

10. Usual occupation Ornamental Plaster 7

11. Industry or business 7

MOTHER FATHER { 12. Name Unknown Torrini 7

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

14. Maiden name Mable Missanti

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

16. (a) Informant Stella Torrini

(b) Address 2719 Semple Ave.

17. (a) Burial (b) Date thereof Dec. 20, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 1431 Union Blvd
19. (a) DEC 18 1940 (b) J. W. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2719 Semple Ave. 6
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17,
year 1940 hour 12:10 minute P. M.

21. I hereby certify that I attended the deceased from November 18,
19 40 to December 17, 19 40
that I last saw him alive on December 17, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death
Multiple peritoneal abscesses

Due to Perforated gastric ulcer

Due to _____
Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 1515 Lafayette Ave. Date signed 12/17/40

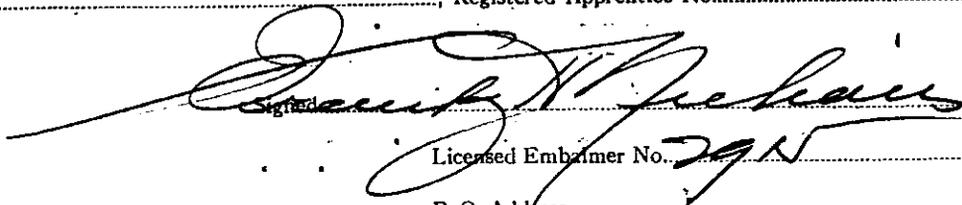
Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 .....

Licensed Embalmer No. 295.....

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.