

FILED OCT 7 1941

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1898

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

1. PLACE OF DEATH: St. Louis
 (a) County Jefferson Barracks,
 (b) City or town (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Station Hospital (1)
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Two days
 (Specify whether years, months or days) 15 years

3. (a) PRINT FULL NAME Patsy Pesano
 3. (b) If veteran, name war Unknown
 3. (c) Social Security No. Unknown

4. Sex Male (1) 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Wife
 6. (c) Age of husband or wife if alive 32 years
 7. Birth date of deceased December 24 1894
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	46	8	18	— hr. — min.

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

10. Usual occupation Soldier

11. Industry or business U. S. Army

12. Name Dominic Pesano

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

14. Maiden name Unknown

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

16. (a) Informant U. S. Army Service Record

(b) Address Jefferson Barracks, Missouri

17. (a) BURIAL (b) Date thereof Sept. 13-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director CH. ...

(b) Address 7814 P. ...
 19. (a) SEP 12 1941 (b) S. McLawson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis 96
 (c) City or town Rural Lemp 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. Route 9, St. Louis, Missouri. 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? Unknown years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day Eleventh
 year 1941 hour 7 minute 13 A.M.

21. I hereby certify that I attended the deceased from September 9
 1941 to September 11 1941
 that I last saw him alive on September 11 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Wound, penetrating, gunshot (32 caliber) abdominal with perforation segment of jejunum. Duration 2 days

Due to —

Due to —

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

Major findings: Of operations —

Of autopsy Confirmed above.

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accidental

(b) Date of occurrence September 9, 1941

(c) Where did injury occur? Route 9 St. Louis, Mo.
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home 196

While at work? No (Specify type of place) Means of injury Revolver

23. Signature Frank D. Edgington, M.D. or other (M.D. or other)
 Address Sta. Hosp. Jeff. Bks. Mo. Date signed 8-12-41

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 *Louis C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S Broadway*

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.