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JAN 24 1942
Registration District No. 791

Primary Registration District No. 1003

State File No. _____
Registrar's No. 9981

1. PLACE OF DEATH:

(a) County _____

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hours
(Specify whether years, months or days)

In this community 41 years

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9/18
(If outside city or town limits, write "RURAL")

(d) Street No. 1057 S. Vandeventer
(If rural, give location)

(e) Citizen of (foreign country)? U.S. yes (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Paul Nardini

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1941 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Amelia

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased: Feb. 14 1881
(Month) (Day) (Year)

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

60 10 2 hr. _____ min.

Immediate cause of death: Intestinal Strangulation
Infectious Obstruction
Due to Pile to the Right of Space of Rectum

Due to _____

Due to _____

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

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

10. Usual occupation _____

11. Industry or business Resturant

MOTHER FATHER { 12. Name Vincenzo Nardini

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

14. Maiden name Pasquina Nardini Italy
(City, town, or county) (State or foreign country)

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

Major findings: 1220
Of operations _____

Of autopsy _____

16. (a) Informant Joseph Nardini

(b) Address 1057 S. Vandeventer

17. (a) Burial (b) Date thereof 12, 18, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director O. Miceli - Son

(b) Address 1150 N. Kingshighway

19. (a) JEC 17 1941 (b) J. P. Budeck
(Date received local registrar's certificate) (Registrar's signature)

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) (Means of injury)

23. Signature Alfred Perry (M. D. or other) _____
Address _____ Date signed 12/17/41

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Guy W Wilkinson

Licensed Embalmer No..... *3575*

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, fact should be so stated above.