

FILED FEB 24 1942

Registration District No. 191

Primary Registration District No. 1003

Registrar's No.

9560

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4123 S. Grand (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Paul O. Mignerone

20. DATE OF DEATH: Month November day 29
year 1941 hour 10:50 minute _____ A. M.

3. (b) If veteran, name war No. 3. (c) Social Security No. 47-07-9526

21. I hereby certify that I attended the deceased from 11-28-41 19 to 11-29-41 19
that I last saw him alive on 11-29-41 19
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Mollie Mignerone 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased August 23 1897
(Month) (Day) (Year)

Immediate cause of death Acute perforated appendix

8. AGE: Years 44 Months 3 Days 6 If less than one day _____ hr. _____ min.

Due to followed by generalized peritonitis

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Printer

Other conditions (Include pregnancy within 3 months of death) 12/11

11. Industry or business _____

Major findings: Of operations _____

12. Name Frank Mignerone

Of autopsy _____

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

14. Maiden name Mary Kibers

15. Birthplace Mt. Olive Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mollie Mignerone

(b) Address 4123 S. Grand

17. (a) Burial (b) Date thereof 12/2/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Church Yard

18. (a) Signature of funeral director Wm. Marshall D. Co.

(b) Address 3013 Meramec

19. (a) DEC 2 1941 (Date received local registrar) J. F. Brudeck (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) (a) Means of injury _____

23. Signature J. F. Brudeck (Date signed) 12-1

Address 4123 S. Grand

Date signed _____

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

MOTHER {
FATHER {

PHYSICIAN

Underline the cause to which death should be charged statistically.

4938
Kinnick

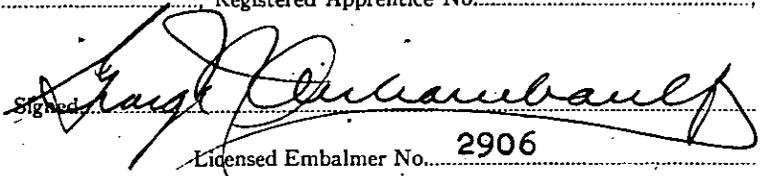
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. **XXXXXX**

working under my personal supervision.

Signed 

Licensed Embalmer No. **2906**

P. O. Address. **3013 Meramec**

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.