

FILED APR 13 1942

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 2714

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4522 Lindell Plvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 52 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 19 000
17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1
(d) Street No. 4522 Lindell Plvd.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Rosa Petrucco
3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Joseph
6. (c) Age of husband or wife if alive 18 years 1858
(Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 6
If less than one day _____ hr. _____ min.

9. Birthplace Cavasso Nuovo Italy 5
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Pietro Penardon

13. Birthplace Cavasso Nuovo Italy 5
(City, town, or county) (State or foreign country)

14. Maiden name Lucia Penzi

15. Birthplace Cavasso Nuovo Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Arthur G. ...

(b) Address 4707 ...

17. (a) Burial (b) Date thereof Mar. 27-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 1150 N. Kingshighway Blvd.

19. (a) MAR 28 1942 (b) J. F. Berstedt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1942 hour 10:25 minute P. M.

21. I hereby certify that I attended the deceased from Oct.
1942 to March 24, 1942
that I last saw her alive on March 24, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death:
Arteriosclerotic heart disease
Pulmonary edema

Duration
2 years,
6 hrs.

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause of death should be charged statistically.

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 Joseph S. Cery (M. D. or other) _____

Address 4621 N. Taylor Date signed 3/25/42

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

20
17
9

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

P.O. Address *St. Louis, Mo.*

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.