

ED SEP 11 1943  
Registration District No. 318

Primary Registration District No. 1003

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

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:  
3323 So. Kingshighway Blvd.  
(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. 4931a Mardel Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sebastian Pedrolie

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or Race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Lafe Agnes Pedrolie  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug. 29th 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 11 30 hr. min.

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

10. Usual occupation Restaurant Proprietor

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Unknown Pedrolie  
13. Birthplace Switzerland  
14. Maiden name Unknown  
15. Birthplace Switzerland  
(City, town, or county) (State or foreign country)

16. (a) Informant William Pedrolie  
(b) Address 4931a Mardel Ave.

17. (a) Burial (b) Date thereof 9-1-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary  
(b) Address 4228 So. Kingshighway Blvd.

19. (a) 30 1943 (b) J.F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28th  
year 1943 hour 4:45 minute P.M. M.

21. I hereby certify that I attended the deceased from March 31, 1941, to Aug 28, 1943,  
that I last saw him alive on Aug 14, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Diabetes Mellitus

Due to \_\_\_\_\_

Other conditions 61  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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) \_\_\_\_\_  
(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 William Pedrolie (M. D. or other) MS  
Address 5299 Delmar Date signed 9-30-43

5099 Blument Ave.

2-7

Pa 1201  
No. 2256

**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 Richard W. Stoussand

Licensed Embalmer No. 4207

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.**