

FILED DEC 29 1943
Registration District No. **37**

Primary Registration District No. **3069**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution:
St. Mary's Hospital
(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 **St. Louis**

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

(d) Street No. **5032 Ray Ave.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Mary Pellegrino**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **Late Fred Pellegrino**

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

7. Birth date of deceased **Jan. 31st 1873**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	10	23	hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER

12. Name **Frank Mastrandria**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Frank Pellegrino**

(b) Address **5032 Ray Ave.**

17. (a) **Burial** (b) Date thereof **12-27-43**
(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) **DEC 27 1943** (b) **C. D. Mc Laurin, M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **23rd**
year **1943** hour **1:50** minute **A.M.**

21. I hereby certify that I attended the deceased from **Feb. 13**, 19**43**, to **Dec. 23**, 19**43**
that I last saw her alive on **Dec. 22**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **acute left cardiac failure**

Due to **arteriosclerotic heart disease**

Due to _____

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none**

Of autopsy **none 932**

Duration **24 hours**

Uncertain (at least 10 mo.)

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

22. If death was due to external causes, fill in the following: **no**

(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? _____

23. Signature **Henry E. Oppenheimer, M.D.** (Specify type of place) **nd.**
(e) Means of injury

Address **3720 Washington Ave.** Date signed **12-23-43**

D-238
12/28/43

702

St. Louis, Mo.

DEC 29 1943

JAN 18 1944

Mr. H. E. Copenhagen
3720 Washington Ave.
St. 6146

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. Hansson*

Licensed Embalmer No. *4007*

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.