

7. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35487

State File No.

FILED NOV 12 1946
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9245

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 City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)
In this community

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. 6108 Cote Brilliant Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Pelosi

3. (b) If veteran, name war No 3. (c) Social Security No. ?

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Unkown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 56 hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name ? Pelosi

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

14. Maiden name Unkown

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

16. (a) Informant Mrs. Sylvia Baldi

(b) Address 6108 Cote Brilliant Ave.

17. (a) Burial (b) Date thereof Oct. 30/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hedgesmont Ave.

19. (a) OCT 28 1946 (b) F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26
year 1946 hour 4 minute 45 M.

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

Immediate cause of death: *subarachnoid hemorrhage of brain, resulting from a fall of leg when he walked into the side of a machine driven by one Albert Jones at 5932 Brighton Ave Ground 6:15 PM Oct 22 1946*

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

Major findings: Of operations

Of autopsy

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) *Accident*

(b) Date of occurrence *Oct 22 1946*

(c) Where did injury occur? *St Louis Mo*
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or in public place?
Public street
(Specify type of place) (e) Means of injury *Car*

23. Signature *Patrick E. Taylor* (M. D. or other) *3*

Address *Deputy Coroner* Date signed *10 28 46*

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

3400

DEC 22 1947

CITY CORONER

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 *Alfred J. Boedeker*
Licensed Embalmer No..... 2663

P. O. Address 1125 Hodiament Ave.,

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.