

S. No. 2  
OM-5-43  
ev. 5-17-39  
I X36671

FILED JAN 17 1947  
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: St. Louis, Missouri

(b) City or town: St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital—Max C. Starkloff  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 60 years (Specify whether years, months or days)

In this community: 60 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME: John Prelli Prelli

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: male

5. Color of 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: October 15th, 1886  
(Month) (Day) (Year)

8. AGE: Years 60, Months 3, Days 3, If less than one day hr. min.

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

10. Usual occupation: Street Sweeper  
City of St. Louis

11. Industry or business:

12. Name: Louis Prelli

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

14. Maiden name: Johanna Lebttri (City, town, or county) (State or foreign country)

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

16. (a) Informant: William J. Prelli

(b) Address: 5220a Paulian Place

17. (a) Burial (Burial, cremation, or removal): Calvary Cemetery (b) Date thereof: 1-18-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Hy. Leidner U. Co.

18. (a) Signature of funeral director: J. F. Bredeek (b) Address: 2223 St. Louis Ave.

19. (a) JAN 17 1947 (Date received local registrar) (b) J. F. Bredeek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

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

(d) Street No.: 5220a Paulian Place  
Memorial (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16th  
year 1947 hour 7:50 minute A.M.

21. I hereby certify that I attended the deceased from 1/11/47 to 1/16/47  
that I last saw him alive on 1/16/47 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary tuberculosis for advanced

Due to:

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):

(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: Warren C. Lewis (b) Address: 1515 Lafayette Date signed: 1/17/47

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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 Al. Mayfeeb  
Licensed Embalmer No. 3077  
P. O. Address 2223 St. Louis 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.**