

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED SEP 8 1947
318

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8335**

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:
2233 Montana St. /
(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)

3. (a) PRINT FULL NAME JoAnn DeRochi

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 Single ()

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

7. Birth date of deceased February 20 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

3 6 11 hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business.....

12. Name Brune DeRochi

13. Birthplace Ladd Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Eileen Ketterer

15. Birthplace Gerald Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Brune DeRochi

(b) Address 2233 Montana St.

17. (a) Burial (b) Date thereof Sept. 3, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) SEP 2 1947 (b) J. F. Broadway
(Date received local Registrar) (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. 2233 Montana St.
15 (If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1st
year 1947 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from Aug 15 1947 to Sept 1 1947
that I last saw her alive on 8/30 1947
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Acute Nephritis

Due to.....
Spina Defecta

Other conditions.....
(Include pregnancy within 6 months of death)

Major findings:
Of operations.....
Of autopsy.....
157

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 location of place) (c) Means of injury.....

23. Signature Dr. J. F. Broadway (M. D. or other)
Address 3012 Lafayette Date signed 9/2/47

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.....me.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Joe S. Benz
Licensed Embalmer No. 4219
2842 Meramec St.
P. O. Address.....St. Louis, 18, Missouri.

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.