No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2997 130

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

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 4519 Aldine Place
(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 82 years

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. 4519 Aldine Place
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Caterina Repetto
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife John M. Repetto
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 23rd., 1841 (Month) (Day) (Year)

8. AGE: Years 106 Months 5 Days 11 If less than one day hr. min.

9. Birthplace Italy (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business

FATHER
12. Name Antonio Repetto
13. Birthplace Italy (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Teresa Repetto
15. Birthplace Italy (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Caesar Repetto
(b) Address 4519 Aldine Place
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3846 Lindell Blvd.
19. (a) JAN 6 1948 (Date received local registrar) F. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4th., year 1948 hour 2 minute a. M.

21. I hereby certify that I attended the deceased from 1928 to Jan. 4 1948; that I last saw her alive on Dec. 23 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death 1. Chronic Interstitial Myocarditis	20 yrs.
2. Arteriosclerosis General	
Due to: 3. Chronic passive pneumonitis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Francis J. Cancra (M. D. or other) MD
Address 462 N. Taylor Date signed Jan. 6. '48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Pastuer Bldg. 1 pm. Monday

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.