

FILED MAR 15 1948
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
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1725 MICHIGAN
(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

3. (a) PRINT FULL NAME PIETRO DI MANUELE

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

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JOSEPHINE DI MANUELE
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MARCH 19 1880
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 17
If less than one day _____ hr. _____ min.

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

10. Usual occupation NIL

11. Industry or business _____

MOTHER FATHER { 12. Name PIETRO DI MANUELE
13. Birthplace ITALY
14. Maiden name UNKNOWN
15. Birthplace ITALY
(City, town, or county) (State or foreign country)

16. (a) Informant Josephine Di Manuele
(b) Address 1725 Michigan Av

17. (a) BURIAL (b) Date thereof MARCH 16 1948
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director E. J. Schurer
(b) Address 3125 Lafayette Av.

19. (a) MAR 8 1948 (b) J. J. Broedel
(Date received local registrar) (Registrar's signature)

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. 1725 MICHIGAN AV.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1948 hour 11 minute 30 p.M.

21. I hereby certify that I attended the deceased from Mar 7 1948, to Mar 6 1948
that I last saw him alive on Mar 6 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 2 days
Due to Hypertension 3 yrs
Due to Ch Bronchitis 7 yrs

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) NO
(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 NO

23. Signature [Signature] (M. D. or other) _____
Address 2614 Lafayette Date signed 4/8/48

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 *John M. Simpson*.....

Licensed Embalmer No. *14343*.....

P. O. Address *St Louis Mo*.....

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.