. S. No. 300
DM—10-47
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 7 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 10561
3179
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: Missouri Baptist Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4147 Laclede Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dionis ~~Ptro~~ Petro
3. (b) If veteran, name war No
3. (c) Social Security No. 494-09-8323

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kleanthe ~~Ptro~~ Petro
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased January (Month) 23 (Day) 1883 (Year)

8. AGE: Years 65 Months 2 Days 6 If less than one day hr. min.

9. Birthplace (City, town, or county) Albania (State or foreign country) X
10. Usual occupation Cook
11. Industry or business

FATHER
12. Name Anehu ~~Ptro~~ Petro
13. Birthplace (City, town, or county) Albania (State or foreign country) X

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Albania (State or foreign country) X

16. (a) Informant Dora Prifti
(b) Address 4449 Gibson Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) APR 1 1948 (Date received local registrar) (b) J. F. Brescek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1948 hour 11 minute 40 P.M.
21. I hereby certify that I attended the deceased from Dec. 1947, 19..., to March 29, 1948, that I last saw him alive on March 28, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Ampulla of Vater.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings: Of operation obstruction common duct.
Of autopsy Carcinoma ampulla of Vater with obstruction of duct

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Joseph B. Carney (M. D. or other) M.D.
Address 906 Olive St. Date signed 4-1-48

(Licensed Embalmer's Statement on Reverse Side)

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. B W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.