S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 26 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 17390

Registrar's No. 4553

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: 2015 Hereford St. 1
(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 Mo. (b) County 100

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2015 Hereford St. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME SERAFINO BERRA

3. (b) If veteran, name war No

3. (c) Social Security No. 490-26-9696

4. Sex MALE 0

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Theresa STAMPINI

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

7. Birth date of deceased Apr (Month) 24 (Day) 1878 (Year)

8. AGE: Years 70 ~~69~~ Months 0 Days 20 ~~24~~ If less than one day hr. min.

9. Birthplace Italy (City, town, or county) 5 (State or foreign country)

10. Usual occupation Retire

11. Industry or business

FATHER
12. Name Louis Berra
13. Birthplace Italy (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name GIOVANNIA Cerriotti
15. Birthplace Italy (City, town, or county) 5 (State or foreign country)

16. (a) Informant Mrs. Theresa Berra
(b) Address 2015 Hereford St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof MAY 17 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection

18. (a) Signature of funeral director Paul C. Calcaterra
(b) Address 5142 Daggett Ave.

19. (a) MAY 1 6 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 48 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from 8 May, 1948, to 14 May, 1948 that I last saw him alive on 13 May, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Arterio Sclerotic Heart disease

Due to Hypostatic pneumonia

Other conditions Arthritis onifrion
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. F. Cutanguro M.D. (M. D. or other)

Address 2715 Clifton Date signed 15 May 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 Paul C. Calcaterra

Licensed Embalmer No. 2376

P. O. Address 5138 Daggett 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.