

Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... *St. Louis, Mo.*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: *5601 Delor 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)

3. (a) PRINT FULL NAME *PETER PISANI*

3. (b) If veteran, *No* name war.....
3. (c) Social Security No. *489-01-5675*

4. Sex *Male* 5. Color or race *White*
6. (a) Single, widowed, married, divorced *married*
6. (b) Name of husband or wife..... *Hene Bergera*
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. *Jan 19 1910*
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<i>38</i>	<i>6</i>	<i>15</i> hr. min.

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

10. Usual occupation..... *moulder*

11. Industry or business.....

12. Name..... *James Pisani*

13. Birthplace..... *Italy*
(City, town, or county) (State or foreign country)

14. Maiden name..... *Ermina Pisani*

15. Birthplace..... *Italy*
(City, town, or county) (State or foreign country)

16. (a) Informant..... *Mrs. Irene Pisani*

(b) Address..... *5601 Delor*

17. (a) (Burial, cremation, or removal)..... *Burial*
(b) Date thereof..... *Aug 7 1948*
(Month) (Day) (Year)

(c) Place: burial or cremation..... *Resurrection*

18. (a) Signature of funeral director..... *Paul C. Colleton*
(b) Address..... *5142 Hazel Ave.*

19. (a) *AUG 5 - 1948* (Date received local registrar)
(b) *J. J. Bredeh* (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... *Mo.* (b) County..... *000 17*
(c) City or town..... *St. Louis*
(If outside city or town limits, write "RURAL")
(d) Street No. *5601 Delor*
14 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Aug* day *4*
year *1948* hour *8* minute *45* p.m.

21. I hereby certify that I attended the deceased from *5/27/48*
....., 19....., to *8/4*, 19.....
that I last saw h..... alive on *8/4*, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death *Acute intestinal obstruction*
Duration *48 hr.*

Due to *metastatic carcinoma of intestine* 1st & 2nd

Due to *primary carcinoma of stomach* 1 yr.

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: *6/7/48 - carcinoma of stomach, mesentery, & liver*
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?.....
While at work?..... (Specify type of place)
Means of injury.....

23. Signature..... *J. J. Bredeh* (M. D. or other) *MD*
Address..... *3606 Travis* Date signed..... *8/5/48*

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

MOTHER FATHER

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. Calcester

Licensed Embalmer No. 2376

P. O. Address 5142 Daggitt

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.