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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED OCT 23 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35048  
Registrar's No. 2283

Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

(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:  
3434 Sims Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 75 Years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 96

(c) City or town Overland  
(If outside city or town limits, write "RURAL")

(d) Street No. 3434 Sims Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louis J. Repetto

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 Rose Repetto

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

7. Birth date of deceased Jan. 15, 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 9 16 hr. min.

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

10. Usual occupation Cigar Manufacturer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Andrew Repetto

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

14. Maiden name Katie Badaracco

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

16. (a) Informant Mrs. Rose Repetto

(b) Address 3434 Sims Ave.

17. (a) Burial (b) Date thereof 10-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Fendell Blvd

19. (a) 10-2-48 (b) Carl E. Sharp  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1st.  
year 1948 hour 3. minute 00 A.M.

21. I hereby certify that I attended the deceased from Sept 20, 1948 to Oct 1, 1948  
that I last saw him alive on 9-30, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate Duration 1 1/2 yrs.

Due to 5 lbs

Due to \_\_\_\_\_

Other conditions Generalized Carcinoma  
(Include pregnancy within 3 months of death)

Major findings: Metastasis of Prostate

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) \_\_\_\_\_

(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 \_\_\_\_\_

23. Signature Norman Klouber (M. D. or other) Ph.D.  
Address 9621 Paulina Rd Date signed 10-2-48

*Josephine Nell Kunkle  
9am*

**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 *3848 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.**

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

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

(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.

Louis J. Repetto

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

4. Sex M 5. Color of race W 6. (a) Single, widowed, married, divorced. M

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

7. Birth date of deceased. Jan 15 1915  
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 24 (Less than one day) hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name  
13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) Conroy Hays (Registrar's signature) use

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1943 year 1943 hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from 11:15 to 11:30, 1943; that I last saw him alive on 1943 and that death occurred on the date and hour stated above. Immediate cause of death SA Duration

Due to

Due to

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)

(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

23. Signature (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

S-35048