

Registration District No. 318

Primary Registration District No. 1003

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 SHRISTAIN Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY (Specify whether _____)
In this community 1 DAY
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town MOLINE Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 37 ADEN STATION R. 4
N.R. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

JOSEPHINE SERRA

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 20
year 1948 hour 5 minute 7 P.M.
21. I hereby certify that I attended the deceased from Dec 17
Dec 20, 1948 to _____, 19____;
that I last saw her alive on Dec 17, 1948.
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LOUIS 6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased: SEPT. 20 1918
(Month) (Day) (Year)

Immediate cause of death
Bronchial Pneumonia
Plural effusion of lung
Due to _____
Due to _____

8. AGE: Years 27 Months 3 Days 0 If less than one day
hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death)
110
Major findings:
Of operations _____
Of autopsy _____

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

10. Usual occupation HOUSE WIFE

11. Industry or business _____

12. Name GARTANA ROMANELLO
13. Birthplace ITIHU (City, town, or county) (State or foreign country)
14. Maiden name WIN KDOWN
15. Birthplace ITIHU (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Louis Serra
(b) Address BADEM STATION R. 4

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 22-1948
(Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Diedrich F. Home
(b) Address 8319 Maple Ferry Rd.

19. (a) DEC 21 1948 (Date received local registrar) J. B. Fisher (Registrar's signature)

23. Signature J. B. Fisher (M. D. or other) Address 8307 S. B. Hwy Date signed 12/21/48

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

17
9

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.....

Robert M. Murray

Licensed Embalmer No.....

3749

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.