

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10512

No. 300
10-48State File No. 2642
Registrar's No.

#75690 49-019039 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

22

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

| | | | | | |
|---|--|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. | | c. LENGTH OF STAY (in this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 17 9 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1 | | | d. STREET ADDRESS (If rural, give location) 1121 Rutger St., | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) LENORA b. (Middle) PEDATO c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) March 22, 1949 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH March 12, 1949 | 9. AGE (In years) (Months) (Days) (Hours) (Min.) 17 9 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) St. Louis City Hospital | | 12. CITIZEN OF WHAT COUNTRY? |
| 13a. FATHER'S NAME John Pedato | | 13b. MOTHER'S MAIDEN NAME Lucille Gerardi | | 14. NAME OF HUSBAND OR WIFE John Pedato same | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Pedato | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Omphalocele DUE TO (c) 157 11 560 2 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION 3/18/49 | 19b. MAJOR FINDINGS OF OPERATION Omphalocele, repaired | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from 3/12/49, 10 to 3/22/49, 19, that I last saw the deceased alive on 3/22/49, 19, and that death occurred at 1:25 PM, from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE Edward L. Washington M.D. | | | 23b. ADDRESS 1515 Lafayette Ave., | | 23c. DATE SIGNED 3/23/49 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE March 25, 1949 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| DATE REC'D BY LOCAL HEALTH DEPT. MAR 24 1949 | REGISTRAR'S SIGNATURE J. B. Laster | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Central Mort. Co 1841 Cass | | |

(Licensed Embalmer's Statement on Reverse Side)

Not embalmed

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

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.