

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10512
State File No. 2624

FILED MAR 29 1951

BIRTH NO. 18832-51		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2624											
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI				b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS				c. LENGTH OF STAY (in this place)				c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2039									
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS MATERNITY HOSPITAL				3. STREET ADDRESS (If rural, give location) 6246 MAGNOLIA AVE. 0													
3. NAME OF DECEASED (Type or Print) a. (First) LORETTO			b. (Middle) LEE			c. (Last) PEZZANI			4. DATE OF DEATH (Month) (Day) (Year) MARCH 20 51								
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant 0		8. DATE OF BIRTH March 17 51		9. AGE (In years last birthday) 0		10. IF UNDER 1 YEAR Months 0		11. IF UNDER 24 HRS. Days 2		12. Hours 3		13. Mins. 35	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI 0				12. CITIZEN OF WHAT COUNTRY?					
13a. FATHER'S NAME RUSSELL ABLE PEZZANI				13b. MOTHER'S MAIDEN NAME DOROTHY ANN ALERS				14. NAME OF HUSBAND OR WIFE									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME Russell A. Pezzani				ADDRESS 6246 Magnolia Av					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Partial Pulmonary Atelectasis. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Immaturity DUE TO (c) Prematurity - (32 wks gestation) II. 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				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)				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? 7:15 A									
22. I hereby certify that I attended the deceased from MARCH 17, 19 51 to MARCH 20, 19 51, that I last saw the deceased alive on MARCH 20, 19 51, and that death occurred at 1:20A m., from the causes and on the date stated above.																	
23a. SIGNATURE Carl R. Wegner, M.D.						23b. ADDRESS 630 S. Kingshighway						23c. DATE SIGNED 3/20/51					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE Mar. 21, 1951				24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.				24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.					
DATE REC'D BY LOCAL REG. MAR 20 1951				REGISTRAR'S SIGNATURE J. B. Lasater				25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser				ADDRESS 4228 S. Kingshighway Bl					

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

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.

Student
Student Embalmer

Signed Edwin M. Dermatt

Licensed Embalmer No. 3024

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.