

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40986**
Registrar's No. **10744**

FILED NOV 25 1953
BIRTH NO. **95993**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY OR TOWN Valley Park 4761 | |
| c. LENGTH OF STAY (In this place) 2 Hours | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital | | e. STREET ADDRESS (If rural, give location) 153 Pettys Hill | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Joan b. (Middle) Twin-1 c. (Last) Pedrotti | | 4. DATE OF DEATH (Month) (Day) (Year) 11-11-53 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH Nov. 11 1953 |
| 9. AGE (In years last birthday) | | 10. MONTHS | 11. DAYS |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. |
| 12. CITIZEN OF WHAT COUNTRY? America | | 13a. FATHER'S NAME John Pedrotti | |
| 13b. MOTHER'S MAIDEN NAME Helen Nauylk | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT'S SIGNATURE OR NAME John Pedrotti | | ADDRESS Valley Park Mo. | |
| MEDICAL CERTIFICATION | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity 24 weeks | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR 774X | |
| 22. I hereby certify that I attended the deceased from 11/11 , 19 53 , to 11/11 , 19 53 that I last saw the deceased alive on 11/11 , 19 53 , and that death occurred at 10:27 P.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Hugh R. Smith M.D. (Degree or title) | | 23b. ADDRESS 607 N. Grand | 23c. DATE SIGNED 11-12-53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 11-12-53 | 24c. NAME OF CEMETERY OR CREMATORY St Peters Cemetery | 24d. LOCATION (City, town, or county) (State) Kirkwood Mo. |
| DATE REC'D BY LOCAL REG. NOV 12 1953 | REGISTRAR'S SIGNATURE J. Earl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger ADDRESS Kirkwood 22 Mo. | |

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.....
Signature of Student Embalmer

This body was not embalmed
Signed *William H. Fitzgerald*

Licensed Embalmer No. *431*
P. O. Address *Culver*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.