

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40987

State File No.

FILED NOV 25 1953

BIRTH NO. 95992 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10743

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give OR township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>2 Hours</u>		c. CITY OR TOWN <u>Valley Park</u> ⁴⁷⁶	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. STREET ADDRESS <u>153 Pettys Hill</u>		(If rural, give location)			

3. NAME OF DECEASED (Type or Print) <u>Mary</u>			a. (First) <u>Twin-2</u>	b. (Middle)	c. (Last) <u>Pedrotti</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-11-53</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Nov. 11 1953</u>		9. AGE (In years last birthday) <u>2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>America</u>		

13a. FATHER'S NAME <u>John Pedrotti</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Nauvilk</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Pedrotti</u> ADDRESS <u>Valley Park Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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? <u>774X</u>	
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22. I hereby certify that I attended the deceased from 11/11, 1953, to 11/11, 1953, that I last saw the deceased alive on 11/11, 1953, and that death occurred at 10:29 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Hugh R. Smith M.D.</u>		23b. ADDRESS <u>607 N. Grand</u>		23c. DATE SIGNED <u>11-12-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-12-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Peters Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood Mo.</u>	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Nov 12 1953</u> <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer-Pfitzinger</u> ADDRESS <u>Kirkwood 22 Mo.</u>	
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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.....
Signature of Student Embalmer

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

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

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.