

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

5170  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1003**  
(c) City **St. Louis** (d) Street No. **Depaul Hospital** Registered No. **1815**  
(e) Length of residence in city or town where death occurred **18** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **Concetta Ferrara 660**

(a) Residence, No. **5332 Shaw Ave.** St. **13**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **Francesco Ferrara** (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 10, 1866**

7. AGE YEARS **71** MONTHS **8** DAYS **10** If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **housewife**  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **unknown** (STATE OR COUNTRY) **Italy**

FATHER 13. NAME **Nicolo Canzoneri**

14. BIRTHPLACE (CITY OR TOWN) **unknown** (STATE OR COUNTRY) **Italy**

MOTHER 15. MAIDEN NAME **Matilda Caputa**

16. BIRTHPLACE (CITY OR TOWN) **unknown** (STATE OR COUNTRY) **Italy**

17. INFORMANT **John Ferrara** (ADDRESS) **5708 Walsh**

18. BURIAL, CREMATION, OR REMOVAL PLACE **SS. Peter & Paul** DATE **Feb. 22 38**

19. FUNERAL DIRECTOR **P. Miceli & Son** (ADDRESS) **1133 No. Kingshighway**

20. FILED **FEB 21 1938** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 20 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 3, 1938** to **Feb. 20 1938**  
last saw him **alive on Feb. 19 1938**. Death is said to have occurred on the date stated above, at **12:30 a.m.**

The principal cause of death and related causes of importance were as follows:

**Central thrombosis**  
**Ar. Sclerosis**  
**Hypertension**  
Date of onset **11/9/38**

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis? **phys. exam.** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify

(Signed) **J. Bredeck** M. D.  
(Address) **401 Humboldt St. St. Louis**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Arnold W. Schoene, Licensed Embalmer No. 3864

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Arnold W. Schoene

Licensed Embalmer No. 3864

**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.)**