

NOV 16 1938

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

33678  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003** Registered No. **8664**  
 (c) City **St. Louis** (d) Street No. **Christian Hospital** St. **1003**  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. **1** mos. **6** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

**LLOD EUFEMIA Fannie Daleo**  
 (a) Residence, No. **1325 No. 14 th St.** St. **25**  
 (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) **Married**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Vincenzo Daleo**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 8, 1878**  
 7. AGE YEARS **59** MONTHS **9** DAYS **25** 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) **Terrasini** 1  
 (STATE OR COUNTRY) **Italy**

FATHER 13. NAME **Carlo Ciaramitarro** 1  
 14. BIRTHPLACE (CITY OR TOWN) **Terrasini** 1  
 (STATE OR COUNTRY) **Italy**

MOTHER 15. MAIDEN NAME **Grazia Viviano**  
 16. BIRTHPLACE (CITY OR TOWN) **Terrasini**  
 (STATE OR COUNTRY) **Italy**

17. INFORMANT **Vincenzo Daleo**  
 (ADDRESS) **3982 Meldrum,**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Detroit, Mich.** DATE **Oct. 4** 19**38**

19. FUNERAL DIRECTOR **P. Miceli & Son**  
 (ADDRESS) **1150 No. Kingshighway**

20. FILED **J. Bredeck** 19  
 Local Registrar.

**OCT 4 1938**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-3-1938**  
 22. I HEREBY CERTIFY, That I attended deceased from **9-30-1938**, to **10-3-1938**  
 I last saw her alive on **10-3-1938**. Death is said to have occurred on the date stated above, at **5:45** p. m.  
 The principal cause of death and related causes of importance were as follows:

*Hemiplegia Left  
 caused by arterio  
 sclerosis*  
 Date of onset **9/30/38**

Other contributory causes of importance:  
*Pulmonary Oedema  
 Gen. Arterio-sclerosis  
 non 1/2 no Pneumonia*  
 Date of onset **10-3-38**

Name of operation **none** Date of .....  
 What test confirmed diagnosis? **clinical** Was there an autopsy? **—**

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? .....  
 If so, specify **Nicholas S. Vitale** M. D.  
 (Signed) **Nicholas S. Vitale** M. D.  
 (Address) **3861 St. Louis Ave**

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

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.)**