

NOV 15 1938 DEC 8 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

40293
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis
(b) Township Clayton
(c) City Clayton

2
1
Registration District No. 784
Primary Registration District No. 101
(d) Street No. 7448 Wydown

Registered No. 1168

(e) Length of residence in city or town where death occurred 31 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

530 Leonarda Monti

(a) Residence, No. 7448 Wydown St. (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 (OR) WIFE OF Giuseppe Monti

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 19, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 64 9 26

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) (STATE OR COUNTRY) Campo Bello Di Mazzara Italy

FATHER 13. NAME Giovanne George
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Italy

MOTHER 15. MAIDEN NAME Benvenuta Lombardo
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Italy

17. INFORMANT (ADDRESS) Benvenuta Sciales 7448 Wydown

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov. 17 1938

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

20. FILED NOV 15 1938 G. N. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/15/38 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/15/38, 1938, to 11/15/38, 1938.
I last saw her alive on 11/15/38, 1938. Death is said to have occurred on the date stated above, at 3:00 A.M.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 11/15/38
9412

Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____, 1938
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) a. J. Signoretto, M. D.
(Address) 1829 Cass

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.)