

REC'D, JAN 11 1939

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH
791  
193841080  
Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 2  
 (b) Township St. Louis Primary Registration District No. 10772  
 (c) City St. Louis (d) Street No. 1430 Blair Av Registered No. 10772  
 (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 27 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

524 Antonia Monteleone  
 (a) Residence, No. 1430 Blair Ave. 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 Ralph Monteleone  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1886  
 7. AGE YEARS 52 MONTHS 8 DAYS 0 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. at home  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation X

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

FATHER 13. NAME Francesco Grana 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
Italy 7

MOTHER 15. MAIDEN NAME Antonina (unknown) 7

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

17. INFORMANT (ADDRESS) Ralph Monteleone  
1430 Blair

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE December 16  
38

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

20. FILED: DEC 14 1938 J. P. Biedler  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-13-38

22. I HEREBY CERTIFY, That I attended deceased from 9-23-38, 1938, to 12-12-38, 1938

I last saw her alive on 12-12-38, 1938. Death is said

to have occurred on the date stated above, at 7:15 a.m.

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

Date of onset

Carcinoma Cervix Uteri ?  
Primary

Other contributory causes of importance:

Carcinomatosis, Generalized

Name of operation Radium Implantation Date of 9-26-38

What test confirmed diagnosis? Biopsy Was there an autopsy? None

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 1

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify

(Signed) Nicholas S. Vitale, M. D.

(Address) 3861 St. Louis Ave.

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.)**