

REC'D FEB 10 1939

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

239

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township St. Louis Primary Registration District No..... Registered No. 239
 (c) City..... (d) Street No. 4962 Odell Ave St.
 (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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

615 Concetta Carbone
4962 Odell Ave
 (a) Residence, No. St. 13 St. Louis Mo.
 (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 Joseph Carbone
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19, 1875
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 4 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House
 9. Industry or business in which work was done, as saw mill, bank, etc. Wife
 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) Italy13. NAME Rosarlino Bongiadanni14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy17. INFORMANT Mr. Joseph Carbone
(ADDRESS) 4962 Odell Ave18. BURIAL, CREMATION, OR REMOVAL PLACE old St. Peter Paul Jan 9 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Paul C. Culcater
5142 Daggert20. FILE JAN 7 1939
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6th, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1939 to Jan 6th, 1939.
 I last saw her alive on Jan. 6th, 1939. Death is said to have occurred on the date stated above, at 9:20 a.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset
Cerebral embolism 1/5/39
Cardiac Failure, 1/6/39.
No definite heart disease

Other contributory causes of importance:
Arteriosclerosis
Malignant Hypertension

Name of operation None Date of.....
 What test confirmed diagnosis? Clinical 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?
 Also, specify no(Signed) Alexander J. Kotkis, M. D.(Address) 467 W. Taylor.

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

Registered Apprentice No....., working under my personal supervision.

Signed Paul C. Calcutura

Licensed Embalmer No. 2376

P. O. Address 5142 D'Angelo

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 this body is not embalmed, above space should be left blank.