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.

REC'D MAR 13 1939

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

4423
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 1116
(c) City St. Louis (d) Street No. 1806 Mackland 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 660 Josephine Ferrario
(a) Residence, No. 1806 Mackland Ave St. 13 St. Louis, Missouri
(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: Charles Ferrario
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 14. 1871
7. AGE: YEARS 67 MONTHS 3 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): Italy
FATHER
13. NAME: Louigi Livetti
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy
MOTHER
15. MAIDEN NAME: Ester Pogliani
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy
17. INFORMANT (ADDRESS): Mr Charles Ferrario 1806 Mackland
18. BURIAL, CREMATION, OR REMOVAL: PLACE: St Peter & Paul DATE: Feb 4 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Paul C Calcaterra 5142 Daggett Ave
20. FILED: FEB 3 1939 J. P. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-1, 1939
22. I HEREBY CERTIFY, That I attended deceased from 11-1, 1936, to 2-1, 1939
I last saw her alive on 1-29, 1939. Death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitis	1930

Other contributory causes of importance:
Coronary Occlusion 1/29/39

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 ....., 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) L. L. Millikin M. D.
(Address) 2608 S. Kingshighway

(Licensed Embalmer's Statement on Reverse Side)

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 Calcater

Licensed Embalmer No. 2376

P. O. Address 5142 Daggett

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

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