

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42100
Registrar's No. 11223

JAN 12 1940

Registration District No. 701

Primary Registration District No. _____

1. PLACE OF DEATH: 1003
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Park Lane Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
in this community 28 yrs
years, months or days)

3. (a) PRINT FULL NAME Grazia Indelicato 536
3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jasper Indelicato
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased SEPT. 6 1885
(Month) (Day) (Year)

8. AGE: Years 54 Months 3 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Marsille Italy
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Giacamo Martinissi

13. Birthplace Marsille Italy
(City, town, or county) (State or foreign country)

14. Maiden name Angela Tromina

15. Birthplace Marsille Italy
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anthony Indelicato

(b) Address 23034 9th St.

17. (a) Burial (b) Date thereof Jan. 1, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Miceli - Son

(b) Address 1150 No. Kingshighway

19. (a) DEC 30 1939 (b) _____
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 7
(d) Street No. 4969 Emmerson
(If rural, give location)
(e) If foreign born, how long in U. S. A? 28 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1939 hour 11 am M.
21. I hereby certify that I attended the deceased from Dec 25
_____, 1939, to Dec 29, 1939,
that I last saw him alive on Dec 26, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Uremia

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Chronic Interstitial
Of operations nephritis

Of autopsy 1/10

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Dr. J. Smith (Name of physician or other)

Address 4930 Diverse St. Date signed _____

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 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 Arnold W. Schoene
Licensed Embalmer No. 3864
P.O. Address St. Louis, Mo.

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.