

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County. 2
(b) City or town. St. Louis
(c) Name of hospital or institution:
5233 Daggett Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community. Yes
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County _____
(c) City or town. St. Louis 13
(If outside city or town limits, write "RURAL")
(d) Street No. 5233 Daggett Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 40 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7th
year 1940 hour 6 minute 9 M.
21. I hereby certify that I attended the deceased from Jan 1-37
1939 to Jan 7, 1940
that I last saw her alive on Jan 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of duodenum Duration 2 yrs.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations H/O
Of autopsy none
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 D. C. Smith (M. D. _____)
Address Community Church 1244 Date signed 1/8/40

3. (a) PRINT FULL NAME Marcia Chirnici 652

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anthony Chirnici 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Sept. 30 1876
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name Thomas Sanangelo 7

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

14. Maiden name Anna Sanangelo 1

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

16. (a) Informant Anthony Chirnici

(b) Address 5233 Daggett Ave

17. (a) Burial (b) Date received Jan. 10, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Paul Calabura

(b) Address 5142 Daggett Ave

19. (a) JAN 8 1940 (Date received local registrar) (Signature) _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Sam Calcaterra

Licensed Embalmer No. 2376

P. O. Address 5142 Duggett

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.