

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 526
Registrar's No. 526

Registration District No. 791 Primary Registration District No. _____

1. PLACE OF DEATH: 1003
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Faith Hospital
(d) Length of stay: In hospital or institution 1 day
In this community 3/5 years, months or days

3. (a) PRINT FULL NAME Antonia Catalano
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 Widowed
6. (b) Name of husband or wife Antonino Catalano 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 15 1886 (Month) (Day) (Year)

8. AGE: Years 75 72 Months I Days I If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name Alfonso Carollo
13. Birthplace Terrasini Italy (City, town, or county) (State or foreign country)
14. Maiden name Grazia Aieto
15. Birthplace Terrasini Italy (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Guiana Catalano
(b) Address 1422 N. 19th St.

17. (a) Burial (b) Date thereof Jan. 19 1940 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Muelly & Son
(b) Address 1142 N. Kingshighway Blvd

19. (a) JAN 18 1940 (b) J. J. [Signature] (Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 1
(c) City or town St. Louis 21
(d) Street No. 1420 N. 19th St.
(e) If foreign born, how long in U. S. A.? 27 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan 16 day 19 1940
year _____ hour 3 55 minute _____ P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to Jan 16 1940, and that death occurred on the date and hour stated above.

Immediate cause of death 1) Ch. Myocarditis
Due to Senility
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? _____

(Specify type of place) _____
(e) Means of injury _____
23. Signature A. J. [Signature] (M. D. or other) MD
Address 1829 Cass Date signed 1/17/40

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

Rev. 5-17-39

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.....

Licensed Embalmer No.....

P. O. Address.....

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.