

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 4670Registration District No. 12 1940
791Primary Registration District No. 1003Registrar's No. 1500

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (c) Name of hospital or institution: 4228 Maryland Ave.
 (If outside city or town limits, write "RURAL" and name of township)
 (d) Length of stay: In hospital or institution 2
 (Specify whether years, months or days) 40 Years

3. (a) PRINT FULL NAME 256 Angelina Messineo

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife Antonio Messineo 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown Unknown 1866
 (Month) (Day) (Year)

8. AGE: Years 74 Months Unknown Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Peter Cantanzaro

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

14. Maiden name Josephine Corso
 (City, town, or county) (State or foreign country)

15. Birthplace Italy
 (City, town, or county) (State or foreign country)16. (a) Informant's own signature Rosetta Messineo(b) Address 4228 Maryland Ave.17. (a) Burial (b) Date thereof 2-15-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary18. (a) Signature of funeral director Chas. J. Donnelly(b) Address 2 Lindell Blvd.19. (a) FEB 14 1940(b) J. F. Bickel
 (Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL") 19
 (d) Street No. 4228 Maryland 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 Feb. 13 day _____
 year 1940 hour 5 minute 50 a. M.

21. I hereby certify that I attended the deceased from Aug. 40
1938, to Feb. 13, 1940
 that I last saw her alive on Feb. 13, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis Duration 7 yea

Due to _____

Due to _____

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

Major findings: _____
 Of operations _____

Of autopsy _____

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 Walter Bohannon (M. D. or other) _____Address 2607 S. Grand Date signed 2/13/40

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.