

FILED MAR 12 1940

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**5314 Pattison 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 \_\_\_\_\_  
years, months or days **Yes**

8. (a) PRINT FULL NAME **Mary Pisani**  
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 **Louis Pisani**  
6. (c) Age of husband or wife if alive **35** years

7. Birth date of deceased **Aug. 26 1908**  
(Month) (Day) (Year)

8. AGE: Years **31** Months **5** Days **20**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **St. Louis, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business **House Wife**

12. Name **Ernest Marcalini**  
13. Birthplace **Italy**  
(City, town, or county) (State or foreign country)

14. Maiden name **Ferrina Spezia**  
15. Birthplace **Italy**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Louis Pisani**  
(b) Address **5314 Pattison Ave**

17. (a) **Burial**  
(Burial, cremation, or removal) (b) Date thereof **Feb 1940**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Sold to Italy + Paul**

18. (a) Signature of funeral director **Paul Calabrese**  
(b) Address **542 Daggell Ave**

19. (a) **FEB 17 1940**  
(Date received local registrar) (b) \_\_\_\_\_  
(Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis** **13**  
(If outside city or town limit, write "RURAL")  
(d) Street No. **5314 Pattison Ave**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **Born here** \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **15**  
year **1940** hour **6** minute **15 PM**

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 1940 to **Feb 15** 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction**  
**Cholesterolosis**  
**Coronary Artery**

Due to **Alcohol**  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Physician  
**10:57 AM**  
**10/5/40**  
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 \_\_\_\_\_  
While at work \_\_\_\_\_

23. Signature **P. J. ...** (M. D. or other) \_\_\_\_\_  
Address **2608 S. Kingshighway** Date signed **3/17/40**

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.....

.....  
working under my personal supervision.

.....  
Registered Apprentice No. ....

Signed.....

*Paul Colaterra*

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 comply with the above constitutes grounds for revocation of license.)**

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