

Registration District No. **791** Primary Registration District No. **1003**

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

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: St. Anthony Hospital  
(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)

8. (a) PRINT FULL NAME Ambrosina Mascazzini  
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 Widowed

6. (b) Name of husband or wife Anthony Mascazzini 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 20 1878  
(Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House

11. Industry or business Wife

MOTHER FATHER { 12. Name Carlo Lange 7  
13. Birthplace Italy (State or foreign country)  
14. Maiden name Caroline Lange  
15. Birthplace Italy (State or foreign country)

16. (a) Informant Teo Mascazzini  
(b) Address 5332 Pattison Ave

17. (a) Burial (b) Date thereof 3-27-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New St Peter + Paul

18. (a) Signature of funeral director Sam C. Calcuttara  
(b) Address 5142 Dagwood

19. (a) MAR 26 1940 (b) J. J. Budet  
(Date received local registrar) (Registrar's signature)

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. 5332 Pattison Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? About 25 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24 day march  
year 1940 hour 9 minute 9 P. M.

21. I hereby certify that I attended the deceased from 1  
march 1, 1940 to 3-24, 1940  
that I last saw her alive on 3-24-40, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon 1 1/2 yrs  
Duration

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

Major findings: Carcinoma of Colon  
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?

23. Signature Walter M Jones (M. D. or other) \_\_\_\_\_  
Address 2400 Meramec Date signed 3/25/40

**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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed.....

Licensed Embalmer No. 2376

P. O. Address 5142 Dagget

**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.**