

Registration District No. **FILED 7-17-1940**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 19 years
years, months or days)

3. (a) PRINT FULL NAME Consolata Borzillo **624**

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

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

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

7. Birth date of deceased About 1880
(Month) (Day) (Year)

8. AGE: Years About 60 Months _____ Days _____ If less than one day hr. min.

Birth place Unknown Casalduni Italy
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

12. Name Unknown Antonio Carpa

Birth place Unknown Casalduni Italy
(City, town, or county) (State or foreign country)

15. Birth place Unknown Casalduni Italy
(City, town, or county) (State or foreign country)

16. (a) Informant L. B. ...

(b) Address 5400 Arsenal

17. (a) Burial (b) Date thereof July 26, 1940
(Burial, cremation, or removal) (City or town) (County) (State)

(c) Place: burial or cremation Old St. Peter's Church, St. Louis
(Specify type of place)

18. (a) Signature of funeral director Paul C. Calabrese
(b) Address 5142 Sagitt Ave
(c) Signature J. A. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6729 GARNER AVE.
5400 Arsenal
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 rd.
year 1940 hour 10:25 minute A.M.

21. I hereby certify that I attended the deceased from July 1, 1938 to June 3, 1940
that I last saw her alive on June 3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis with Myocardial Degeneration 1938x
Due to Senility 1938x
Due to Senile Psychosis 1938x

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy No

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?

(e) Means of injury _____
While at work? _____
23. Signature A. K. Burch, M.D.
Address 5400 Arsenal Date signed _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Guy W. Wilkinson

Licensed Embalmer No. 3575

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
CITY of St. Louis } ss.

State File No. 19943
A888
Local Registrar's No. 4888

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 12th day of November, 1952, before me appears Rocco Borzillo, who, upon his oath, states that the original record of birth death for Consolata Borzillo, died born June 3rd 1940, 19, in the State of Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 6(b) should read Nicola Borzillo

Instead of _____ unknown

Item No. 9 should read Casalduni, Italy

Instead of _____ unknown

Item No. 12 should read Antonio Corbo

Instead of _____ unknown

Item No. 13 should read Casalduni, Italy

Instead of _____ unknown

Item No. 14 should read Gecondina

Instead of _____ unknown

Item No. 15 should read Casalduni, Italy

Instead of _____ unknown

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Rocco Borzillo son _____ Relationship.

5921 Southwest Avenue, St. Louis 9, Missouri
Present Address.

Subscribed and sworn to before me this 12th day of November, 1952

My Commission expires December 18th 1953. Ignazio Riggio Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

NOV 19 1950

U.S. AIR FORCE

MEMORANDUM

TO: SAC, [illegible]

FROM: [illegible]

SUBJECT: [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

NOV

NOV 19 1950
U.S. AIR FORCE
[illegible]