

AUG 25 1940

7911

1003

State File No.

23421
5866

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firmin Desloge 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 _____ 30 years
years, months or days)

3. (a) PRINT FULL NAME Tommasa Catanzaro 352

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 Married

6. (b) Name of husband or wife Anthony G Catanzaro 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased September 28 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 9 12 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Antonino Palmisano

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

14. Maiden name Rosa Arrigo

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

16. (a) Informant Fanny Catanzaro

(b) Address 1953 Arlington

17. (a) Burial (b) Date thereof July 13, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Nichi - Son

(b) Address 1150 N Kings Highway

19. (a) JUL 13 1940 (b) J. J. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1953 Arlington
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 30 yrs years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1940 hour 11:55 AM minute _____ M.

21. I hereby certify that I attended the deceased from June 24
1940, 1940, to July 10, 1940
that I last saw her alive on July 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio-respiratory failure 16 hrs.

Due to: Metastatic carcinoma breast

Due to: Carcinoma of breast breast

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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 Geo. D. Flynn (M. D. or other) _____
Address Firmin Desloge Hosp. Date signed _____

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

MOTHER FATHER

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P.O. Address St. Louis, Mo.

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.