

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

FILED SEP 25 1940 791

Registration District No.

Primary Registration District No.

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. Vincent Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify, whether
In this community 145
years, months or days)

3. (a) PRINT FULL NAME Avellone, Mary AMANDA

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Salvatore, Avellone 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased aug. 21 1900
(Month) (Day) (Year)

8. AGE: Years 39 Months 11 Days 22 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Harvey & Eugenie
13. Birthplace South Bend, Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Bertina
15. Birthplace Goshen, Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Salvatore, Avellone
(b) Address 3324 Humphrey St
17. (a) Burial (b) Date thereof 18-15-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director Gregory W. ...
(b) Address 4328 ...
19. (a) AUG 14 1940 (b) J. ...
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3324 Humphrey
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th
year 1940 hour 32 minute 35 P.M.

21. I hereby certify that I attended the deceased from 3/12/40, 1940 to 8/12/40, 1940;
that I last saw her alive on 8/12/40, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis
Liver, Breast, Bone
Due to Carcinoma Breast

Due to 50
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy metastasis to Liver & Bone & Abd lymph nodes

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 H. ... (Specify type of place) _____
Tamie ... (Means of injury) _____
Date signed 8/12/40
(M. D. or other)

Duration

Uncertain

Uncertain

PHYSICIAN

Underline the cause to which death should be charged statistically.

8091

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 *Reinhold K. Lehmann*

Licensed Embalmer No. *3395*

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, fact should be so stated above.