

No. 2
4-13-40
-17-39
I 223159
FILED DEC 7-1940

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Rich. Hgts. Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution St. Mary Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 Days
(Specify whether
 In this community Yes
years, months or days)

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. 2000 Hereford St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? About 40 Years years.

3. (a) PRINT FULL NAMES Angela Mazzola
 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, divorced, Married
 6. (b) Name of husband or wife Pietro Mazzola 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased Aug. 2. 1872
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 24
 year 1940 hour 8 minute 50 P.M.
 21. I hereby certify that I attended the deceased from Nov. 10, 1939, to Nov. 24, 1940
 that I last saw h.E.R. alive on Nov. 24, 1940
 and that death occurred on the date and hour stated above.

8. AGE: Years	Months	Days	If less than one day
<u>68</u>	<u>3</u>	<u>22</u>	hr. _____ min. _____

Immediate cause of death
Acute Cardiac Dilatation } 7 days
Acute Pulmonary edema } 1 day
 Due to Antisepsis, Heart Disease & Hypertension } Many
 Due to A. Interstitial Nephritis } years
 Other conditions Ch. Pulmonary Emphysema } ✓
(Include pregnancy within 6 months of death)

9. Birthplace Italy
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife
 11. Industry or business _____
 12. Name Guisepppe Italiano
 13. Birthplace Italy
(City, town, or county) (State or foreign country)
 14. Maiden name Franca Capitano
 15. Birthplace Italy
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: _____
 Of operations 131
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 16. (a) Informant Mrs Frances Leatty
 (b) Address 2000 Hereford St.
 17. (a) Burial St. Mary's (b) Date thereof 11.27.40
(Burial, cremation or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Mary's
 18. (a) Signature of funeral director Paul C. Calcaterra
 (b) Address 5142 Duggett Ave
 19. (a) NOV 26 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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) _____
 While at work (e) Means of injury _____
 23. Signature [Signature] (M. D. or other) _____
 Address Deputy N. Euclid Date signed 11/26/40

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

....., Registered Apprentice No.

.....
working under my personal supervision.

Signed

Sam Calaterra

Licensed Embalmer No.

2376

P. O. Address

5142 Dayzel

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.