

No. 2
-13-40
-17-39
X 23159

Registration District No. **791** Primary Registration District No. **1003** Registrar's No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns' 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 _____
years, months or days)

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. 5327 Daggett Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. About 35 years years.

3. (a) PRINT FULL NAME Maretta Colombo
(b) If veteran, name war NO (c) Social Security No. NO

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

6. (b) Name of husband or wife Charles Colombo 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased (Month) 2 (Day) 7 (Year) 1882

8. AGE: Years 58 Months 10 Days 16 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

12. Name Joseph Crippa

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

14. Maiden name Antonia Crippa

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

16. (a) Informant Peter Colombo

(b) Address 5327 Daggett Ave

17. (a) Burial (b) Date thereof 12-26-40 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Sam C. Calcutt

(b) Address 5146 Daggett Ave

19. (a) DEC 24 1940 (b) J. F. Brudeck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 23rd year 1940 hour 8 minute 15 A. M.
21. I hereby certify that I attended the deceased from November 23, 1940 to December 23, 1940
that I last saw her alive on Dec. 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Thyrototoxicosis Crisis
Due to Toxic adenoma of thyroid years. 1 wk.
Renal calculus + infection 1 wk.
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations None
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? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature Charles Montani (M. D. or other) M.D.
Address 1926 A Marconi Ave Date signed 12-24-40

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 *Sam @ Calcaterra*

Licensed Embalmer No. *2376*

P. O. Address *5142 Daggitt*

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.