

FILED MAY 13 1941

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

State File No. 13040
Registrar's No. 3470

Registration District No. 791

Primary Registration District No. 1005

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

1. PLACE OF DEATH:
(a) County St. Louis, MO.
(b) City or town St. Louis, MO.
(c) Name of hospital or institution: 5234 Bishoff Ave
(d) Length of stay: In hospital or institution
In this community Yes

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis, MO. 1213
(d) Street No. 5234 Bishoff Ave
(e) If foreign born, how long in U. S. A.? 26 Years 0

3. (a) PRINT FULL NAME Maria Salerno

MEDICAL CERTIFICATION

3. (b) If veteran, name was NO 3. (c) Social Security No. NO

20. DATE OF DEATH: Month April day 21 year 1941 hour 12:30 minute M.

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

21. I hereby certify that I attended the deceased from April 3, 1941, to April 28, 1941; that I last saw her alive on April 21, 1941; and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Gaspari Salerno 6. (c) Age of husband or wife if alive years

Immediate cause of death: Lobar pneumonia. Duration 2 days

7. Birth date of deceased July 27, 1875

Diagnosis: Cerebral hemorrhage (hemiplegia)

8. AGE: 65 Years 8 Months 25 Days If less than one day hr. min.

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

Other conditions: (Include pregnancy within 3 months of death)

10. Usual occupation House

Major findings: Of operations 108 Of autopsy

11. Industry or business Wife

12. Name Francesco Bruno

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

14. Maiden name Josephine Pizzo

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

16. (a) Informant Frank Salerno

(b) Address 5234 Bishoff Ave

17. (a) Burial (b) Date thereof 4-24-41

(c) Place: burial or cremation new St. Peter's

18. (a) Signature of funeral director J. P. Calceva

(b) Address 5142 S. Baggett Ave

19. (a) APR 23 1941 (b) J. B. B. (c) 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?
(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 Joseph D. Liere (M. D. or other) Address 462 N. Saylor Date signed 4/22/41

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.....

Rafael Calaterra

Licensed Embalmer No. *7376*

P. O. Address. *5142 Doggeran*

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.