

No. 2
1-4-41
5-17-39
X26390

FILED MAY 13 1941

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

State File No. 13284
Registrar's No. 3714

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, MO.
(b) City or town St. Louis, MO.
(c) Name of hospital or institution: 6224 Botanical Ave 1
(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. 1713
(d) Street No. 5224 Botanical Ave 9
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 29-4
year 1941 hour 9 minute 05 A.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Antonio Ferrario
(c) Age of husband or wife if alive 73 years
7. Birth date of deceased Oct. 16, 1870

21. I hereby certify that I attended the deceased from Feb. 3 1938 to April 29 1941
that I last saw him alive on April 29 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 6 Days 13
If less than one day hr. min.

Immediate cause of death Myocardial failure
Due to Diabetes Mellitus 10 years
Due to 6/1

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

10. Usual occupation House Wife

11. Industry or business

12. Name Joseph Persati

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

14. Maiden name Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Pete Ferrario
(b) Address 3111 Sutton Ave

17. (a) Burial (b) Date thereof 5.1.41
(c) Place: burial or cremation New St. John

18. (a) Signature of funeral director Paul C. Calceiras
(b) Address 5147 Daggett Ave

19. (a) APR 30 1941 (b) J. P. Biddek (Registrar's signature)

Other conditions: Diabetic gangrene
Major findings: Left leg amputated 7-14-38
Right leg 1-18-40
Of autopsy 1
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 0

23. Signature Charles Montani (M. D. or other) MD.
Address 5147 Daggett Ave Date signed 4-30-41

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

0
1
9

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..... *John Binkley*

Licensed Embalmer No..... *3650*

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, fact should be so stated above.