

No. 2  
-13-40  
-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27237

State File No.

7029

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Permin Desloge 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 35 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County COO

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4327 Ashland Ave.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 35 years.

3. (a) PRINT FULL NAME Frank Cataldo

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Maria Cataldo

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased February 27 1877  
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 1  
If less than one day

hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name M. Francesco Cataldo

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

14. Maiden name Marian Pinesola

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

16. (a) Informant Mrs. Accardi

(b) Address 4327 Ashland

17. (a) Burial (b) Date thereof Sept. 1-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director R. Muelch Son

(b) Address 1150 N. Kingshighway Blvd.

19. (a) Aug 31 1941 (b) J. H. Bredenk  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 28  
year 1941 hour 11 minute 07 M.

21. I hereby certify that I attended the deceased from 8/20/41  
19\_\_\_\_ to 8/28/41 19\_\_\_\_;  
that I last saw him alive on 8/28/41 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia  
Duration 8 day

Due to nephrosclerosis

Due to Generalized Arteriosclerosis?  
marked.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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 Ray A. Mezera (M. D. or \_\_\_\_\_)  
Address 1325 1/2 Ashland Date signed 8/21/41

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

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**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.....

*Arnold W. Schoene*

Licensed Embalmer No.....

*3864*

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.**