o. 2
4-41
7-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 30132

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7471

**1. PLACE OF DEATH:**

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 Days (Specify whether years, months or days)

In this community 7 weeks 0

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 900

(c) City or town St. Louis 13 11 (If outside city or town limits, write "RURAL") 1

(d) Street No. 5667 Southwest Ave. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country C

3. (a) PRINT FULL NAME Christine Contestable

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife Pasquale Contestabile

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

7. Birth date of deceased March (Month) 13 (Day) 1875 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 66 | 5 | 16 | hr. min. |

9. Birthplace (City, town, or county) 5 Italy (State or foreign country)

10. Usual occupation Housewife

11. Industry or business none

MOTHER FATHER

12. Name Andrew Davino

13. Birthplace (City, town, or county) 5 Italy (State or foreign country)

14. Maiden name Sara Unk.

15. Birthplace (City, town, or county) 5 Italy (State or foreign country)

16. (a) Informant Pasquale Contestabile

(b) Address 5667 Southwest

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-16-41 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 8801 Lafayette Ave

19. (a) SEP 16 1941 (Date received local registrar) (b) J. Burdick (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month September day 13 year 1941 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from August 25 1941 to September 13 1941 that I last saw her alive on September 13 1941 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cerebrovascular thrombosis left middle cerebral artery + lenticulostriate | 20 days |
| Due to Enlargement of heart & possible heart disease and chronic | ? |
| Due to valvular disease aortic valve with aortic stenosis + hypertension | ? |
| Other conditions (Include pregnancy within 3 months) Generalized arteriosclerosis | ? |

Major findings:
Of operations

Of autopsy Same with an unclassified small fatty tumor of dura over left temporo-occipital area

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature P. J. Meelligan (M. D. or other)

Address 1515 Lafayette Avenue Date signed 9/15/41

(Licensed Embalmer's Statement on Reverse Side)

## 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 Paul A Kitth

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

**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.**