

DEC 22 1941 791

State File No. 9144

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(c) County St. Louis, Mo.
(b) City or town
(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 yrs. 4 mos. 4 ds.
In this community About 36 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17 X 5
(d) Street No. 4564 Newport Ave.
(If rural, give location) 7 13
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14,
year 1941 hour 11:45 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Thrombosis of coronary arteries
secondary to arteriosclerosis.

Due to _____
Other conditions Multiple infarcts
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy as above
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 J. R. Bidelman M. D. or other _____
Address _____ Date signed _____

3. (a) PRINT FULL NAME Maria Brignole

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased June 27, 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER { 12. Name Jabatta Brignole

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

14. Maiden name Carnata Bolea

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

16. (a) Informant P. Reggendorf
(b) Address _____

17. (a) Burial (b) Date thereof 11/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Calvary

18. (a) Signature of funeral director P. M. Muli - son

(b) Address 1150 N. Kingshighway

19. (a) NOV 18 1941 (b) J. R. Bidelman
(Date received local registrar) (Registrar's signature)

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

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.