

Registration District No. 4

Primary Registration District No.

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis, MO.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5434 Ribber Pl. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community  
years, months or days

3. (a) PRINT FULL NAME Pellegrino Mastrantuono  
3. (b) If veteran, name war Worlds War 3. (c) Social Security No. NO

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Victoria Salamoni 6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased 9 25 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
47 3 7 hr. min.

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

10. Usual occupation

11. Industry or business Barber

MOTHER FATHER { 12. Name Christofor Mastrantuono  
13. Birthplace Italy (City, town, or county) (State or foreign country)  
14. Maiden name Maria De Ruba  
15. Birthplace Italy (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Victoria Mastrantuono  
(b) Address 5434 Ribber Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5 1942 (Month) (Day) (Year)  
(c) Place: burial or cremation New St Peter's Church

18. (a) Signature of funeral director Paul C Calcaterra

(b) Address 5142 Daggett Ave

19. (a) JAN 3 1942 (Date received local registrar) (b) A. J. Kothus (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DOO  
(c) City or town St. Louis, MO. (If outside city or town limits, write "RURAL") 13  
(d) Street No. 5434 Ribber Pl. (If rural, give location) 0  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1st year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 12/6/37 19 to 1/1/42 19 that I last saw him alive on 1/1/42 19 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy (Rt.) Duration 1 day

Due to Hypertensive Cardio-vascular Disease 5 yrs ?

Due to Arteriosclerosis ?

Other conditions (Include pregnancy within 3 months of death) 93

Major findings: Of operations None

Of autopsy None 95

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 A. J. Kothus (M. D. or other)

Address 462 N. Taylor Date signed 1/2/42

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..... *G. W. Wilkerson*

Licensed Embalmer No..... *3575*

P. O. Address.....

**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.**