

S. No. 2  
M-1-4-41  
v. 5-17-39  
P-I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

5079

State File No. \_\_\_\_\_

FILED MAR 17 1942  
791

1003

Registrar's No. 1821

Registration District No. \_\_\_\_\_ 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:  
5416 Reber Place  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 28 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County A3 17  
(c) City or town St. Louis, MO.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5416 Reber Place  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 26 year 1942 hour 12 minute P. M.  
21. I hereby certify that I attended the deceased from April 21 1938, to February 26 1942  
that I last saw her alive on Feb. 26 1942  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Emil Vigano 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased 8 3 1884  
(Month) (Day) (Year)

Immediate cause of death  
Chronic Rheumatic heart Disease

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>6</u>	<u>23</u>	hr. _____ min. _____

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Italy (City, town, or county) (State or foreign country) 5  
10. Usual occupation House Wife

PHYSICIAN  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name Unknow 3  
13. Birthplace Italy (City, town, or county) (State or foreign country) 5  
14. Maiden name Unknow  
15. Birthplace Italy (City, town, or county) (State or foreign country) 5

16. (a) Informant Mr. Emil Vigano  
(b) Address 5416 Reber Place  
17. (a) Burial (b) Date thereof 3. 2. 42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Old St. Peter & Paul Cem

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? \_\_\_\_\_

18. (a) Signature of funeral director Paul C. Calcaterra  
(b) Address 5147 Daggett Ave  
19. (a) FEB 27 1942 (b) J. J. P. P. P.  
(Date received local registrar) (Registrar's signature)

23. Signature Charles Montani (M. D. or other) M.D.  
Address 5147 Daggett Ave Date signed 2-27-42

(Licensed Embalmer's Statement on Reverse Side)

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 Sam C Calcaterra  
Licensed Embalmer No. 2376  
P. O. Address 5142 Dragetta

**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.**