

FILED APR 17 1942 791

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4509 Washington Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 Years (Specify whether
In this community 60 Years / years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 12 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4509 Washington Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Madeline Arado

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex 1 F. 5. Color or race W. 6. (a) Single, widowed, married, divorced. W. 1
6. (b) Name of husband or wife Louis Arado 6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 8th., 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 11 23 hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Anthony Cella

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

14. Maiden name Unknown

15. Birthplace Unknown 6
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dave Cafferata

(b) Address 4509 Washington Blvd.

17. (a) Burial (b) Date thereof 4-3-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) ADD 2 1942 (b) J. F. Bredet
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 31st.,
year 1942 hour 12 noon minute M.

21. I hereby certify that I attended the deceased from Jan 4, 1942 to March 31, 1942
that I last saw her alive on 3/31-42, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to 93 d

Due to 93 d

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

Major findings: Of operations 93 d

Of autopsy no

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 B. R. Parman (M. D. or other)
Address 3903 Olive St. Date signed 4-1-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

000
17
9

MOTHER FATHER

Wall Bldg. 12:30-3 pm.

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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.