

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7076
State File No. 9041

FILED APR 13 1942

Registration District No. 791

Primary Registration District No. 1002

Registrar's No. 2379

1. PLACE OF DEATH:

(a) County St. Louis, MO
(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:
St. Johns Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 13
(c) City or town St. Louis, MO. (If outside city or town limits, write "RURAL") 17
(d) Street No. 5225 Wilson Ave (if rural, give location) 7
(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Giuseppe Notte
3. (b) If veteran, name war NO 3. (c) Social Security No. 489-03-7649

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 14
year 1942 hour 12 minute 15 P.M.
21. I hereby certify that I attended the deceased from March 1st, 1942 to March 14, 1942
that I last saw her alive on March 14, 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gaetano Notte 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased 3 17 1892
(Month) (Day) (Year)

Immediate cause of death Chronic Pyelonephritis with uremia non calculous
Due to 123 W
Due to.....

8. AGE: Years Months Days If less than one day
49 II 25 ..hr. ..min.

Other conditions Adenoma of thyroid gland non malignant yes
(Include pregnancy within 3 months of death)

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

Major findings: non malignant
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

10. Usual occupation.....

11. Industry or business.....

MOTHER { 12. Name Francesco Caldaroni
13. Birthplace Italy (City, town, or county) (State or foreign country) 5
14. Maiden name Maria Caldaroni
15. Birthplace Italy (City, town, or county) (State or foreign country) 6

16. (a) Informant Gaetano Notte
(b) Address 5225 Wilson Ave

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.....

17. (a) Burial (b) Date thereof 3 17 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter Paul Cem.

18. (a) Signature of funeral director Paul C. Calcaterra
(b) Address 5142 Daggert Ave

19. (a) MAR 16 1942 (b) J. J. Buddeck
(Date received local registrar) (Registrar's signature)

23. Signature Charles Montani (M. D. or other) M.D.
Address 5147 Daggert Ave Date signed 3-16-42

MAR 16 1942 844 (Licensed Embalmer's Statement on Reverse Side)

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

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17
9

19

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 C. Calcaterra*

Licensed Embalmer No. *2376*

P. O. Address *5142 Dagget*

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.