U. S. No. 2
M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13118

FILED MAY 7 1942

Registration District No. 29 1

Primary Registration District No. 1002

Registrar's No. 3673

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Faith Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 11-7

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2723a Bacon St. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary C. Tesone

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced (1) M.

6. (b) Name of husband or wife Fiore C. Tesone

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased May (Month) 2 (Day) 1892 (Year)

8. AGE: Years 49 Months 11 Days 21. If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name Aladoria DeSalvo

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

MOTHER

14. Maiden name Rachel Farine

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

16. (a) Informant Mr. Fiore C. Tesone

(b) Address 2723a Bacon St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-1942 (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) APR 25 1942 (Date received local registrar) (b) J. B. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd. year 1942 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from Feb - 9 - 1940 to April - 23 - 1942 that I last saw h. alive on April - 23 - 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	10 yrs
Hypertensive Cardio-vascular	10 yrs
Thrombosis Femoral artery	5 days
Due to Diabetes Mellitus	10 yrs
Gangrene of Rt foot	5 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph B. Guccione (M. D. or other) MD

Address 2801 N. Taylor Date signed 4/24/42

(Licensed Embalmer's Statement on Reverse Side)

Dr.A.J.Signorelli
2801 N.Taylor Ave. 1-5

No 233

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.