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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 22 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16464

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5128

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

000
17
9

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:
5037 Waggett 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 17 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 13 000 17 9
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5037 Waggett
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Virginia Mondello
3. (b) If veteran, name war 0
3. (c) Social Security No. 497-10-0831
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife 0
6. (c) Age of husband or wife if alive 0 years
7. Birth date of deceased Aug (Month) 9 (Day) 1915 (Year)

8. AGE:	Years	Months	Days	If less than one day
	26	10	2	hr. min.

9. Birthplace Italy (City, town, or county) 5 (State or foreign country)
10. Usual occupation Clothing Worker
11. Industry or business
FATHER
12. Name Gaitano Mondello
13. Birthplace Italy (City, town, or county) 5 (State or foreign country)
MOTHER
14. Maiden name Josephine Mondello
15. Birthplace Italy (City, town, or county) 5 (State or foreign country)
16. (a) Informant Gaitano Mondello
(b) Address 5037 Waggett St Louis Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13-1942 (Month) (Day) (Year)
(c) Place: burial or cremation New SS Peter Paul Cem
18. (a) Signature of funeral director Saul C Calcaterra
(b) Address 5142 Waggett Ave
19. (a) JUN 12 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 — year 1942 hour 7 minute — A.M.
21. I hereby certify that I attended the deceased from May 1-1942, 19 , to June 10 - 1942
that I last saw her alive on June 9 - 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	5 yrs.
Due to	
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 0
23. Signature Albert Kaplan (M. D. ~~or other~~)
Address 634 N. Grand Date signed 6-11-42

(Licensed Embalmer's Statement on Reverse Side)

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 Daggett

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.