

FILED JUN 15 1942 791

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis Co  
(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: 5431 Columbia St. 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 20 yr.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17/3  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5431 Columbia  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Josephine Pacino

3. (b) If veteran,

name war 0

3. (c) Social Security

No. 0

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

Ciro Pacino

6. (c) Age of husband or wife if

alive 57 years

7. Birth date of deceased

Feb

20

1891

(Month)

(Day)

(Year)

8. AGE:

Years	Months	Days	If less than one day
<u>51</u>	<u>3</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace

Italy

5 (State or foreign country)

10. Usual occupation

House Wife

11. Industry or business

MOTHER FATHER

12. Name Joseph Catanzaro

13. Birthplace Italy

5 (State or foreign country)

14. Maiden name Agata Catanzaro

15. Birthplace Italy

5 (State or foreign country)

16. (a) Informant

Ciro Pacino

(b) Address

5431 Columbia St Louis

17. (a)

Burial

(b) Date thereof

June 6 1942

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

New SS Peter & Paul Cem

18. (a) Signature of funeral director

Paul Colcatore

(b) Address

5142 Daggert av

19. (a)

JUN 5 1942

(b)

J. J. Brudek

(Date received local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Aug  
1942 to June 1942  
that I last saw he alive on June 10 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Hypertension

Other conditions Metastatic ca & lung  
(Include pregnancy within 3 months of death)

Major findings: Of operations Hypertension

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?

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature A. J. Catanzaro (M. D. or other) \_\_\_\_\_  
Address 1956 1/2 Madison Date signed 6/4/42

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

000  
17  
9

**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.**