

FILED SEP 1 1942

Registration District No. Primary Registration District No. **1003**

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

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:
5401 Elizabeth Ave //
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community 33 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5401 Elizabeth Ave.
(If rural, give location)
 (e) Citizen of foreign country? Yes (Yes or No)
 If yes, name country Italy

3. (a) PRINT FULL NAME Carmela Sanfilippo
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25th
 year 1942 hour 8:10 minute A. M.
 21. I hereby certify that I attended the deceased from 8-19-42
, 19..... to..... 8-25- 1942
 that I last saw h. er alive on 8-25- 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 Cologero 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased January 16 1884
(Month) (Day) (Year)

Immediate cause of death Acute Cardiac Distention
 Due to Hypertension Chronic Arteriosclerosis, General Diabetes Mellitus
 Due to Obesity Polyglandular
 Other conditions Arthritis, Chronic
(Include pregnancy within 3 months of death)
neuritis, Diabetes

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>7</u>	<u>9</u>	hr. min.

Major findings:
 Of operations.....
 Of autopsy none

9. Birthplace Italy
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

11. Industry or business.....
 12. Name Gaetona Lobue
 13. Birthplace Italy
(City, town, or county) (State or foreign country)
 14. Maiden name Maria Rosa Scazzaro
 15. Birthplace Castellermine Italy
(City, town, or county) (State or foreign country)

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 Nicholas Shtaler (M. D. or other)
 Address 3861 St. Louis Ave Date signed 8/25/42

16. (a) Informant Carmela Sanfilippo
 (b) Address 5401 Elizabeth Ave
 17. (a) Burial (b) Date thereof August 27-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New St. Peter & Paul
 18. (a) Signature of funeral director P. Muli - Sor
 (b) Address 1150 N. Kingshighway Blvd.
 19. (a) AUG 26 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

FEB 25 1950

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 Arnold W. Schoena

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.