V. S. No. 2
DM—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

38450

State File No.

FILED JAN -5 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10894

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: 5348 O'Dell ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 40 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St Louis 13 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5348 O'Dell 9
(If rural, give location)

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

If yes, name country O

3. (a) PRINT FULL NAME MARY BANDERA

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Angelo Bandera

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Nov 17 1899
(Month) (Day) (Year)

8. AGE: Years 43 | Months 1 | Days 9 | If less than one day ___ hr. ___ min.

9. Birthplace Italy 5
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Cesare Cassani
13. Birthplace Italy 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Angelina Jovaldi
15. Birthplace Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Angelo Bandera
(b) Address 5348 O'Dell Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29 1942
(Month) (Day) (Year)
(c) Place: burial or cremation Old St Peter's Bank

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

19. (a) DEC 28 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12/26 day
year 42 hour 9 minute P M.

21. I hereby certify that I attended the deceased from 1935 to 12/26 1942
that I last saw her alive on 12/26 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac decompensation	10 yrs
Due to Mitral stenosis	7 yrs
Due to repeated rheumatic attacks 15 to 20 yrs ago	
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 L. C. Mullikin (M. D. or other) M.D.
Address 2608 S. Kingshighway Date signed 12/28/42

(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 Ave

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.