V. S. No. 2
DM—9-4-41
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

26

State File No. 182

FILED JAN 19 1943 318

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

Registrar's No. .....

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 5355 Magnolia
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County .....

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

(d) Street No. 5355 Magnolia
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) No
If yes, name country .....

000 17 139

3. (a) PRINT FULL NAME ANTONNETTA BARBAGLIA

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 wid

6. (b) Name of husband or wife Natale Barbaglia

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

7. Birth date of deceased Dec 13 1872
(Month) (Day) (Year)

8. AGE: Years 70 | Months 0 | Days 25 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business Housewife

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

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

16. (a) Informant Louis Barbaglia
(b) Address 5355 Magnolia

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-9-43 (Month) (Day) (Year)

(c) Place: burial or cremation Old St Peter & Paul

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

19. (a) JAN 8 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6th year 1943 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from November 9th, 1940, to January 6, 1943 that I last saw her alive on Jan. 5, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral thrombosis from Cerebral hemorrhage left Hemiplegia	2 yrs 2 mos
Due to Cerebral arteriosclerosis generalized	2 yrs 2 mos
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? .....
While at work? ..... (Specify type of place) (e) Means of injury .....

23. Signature Charles Montani (M. D. or other) MD
Address 5147 Daggett ave Date signed 1-9-43

(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 512 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.