

S. No. 2
M-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22438

State File No.

Registrar's No. 1573

JUL 10 1943

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Chambre Rd. Highway "66" Baden Station
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 Years (Specify whether
In this community 29 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0

(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Chambre Rd. Baden Station (If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy 0

3. (a) PRINT FULL NAME Luigia Lingua

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Tullio 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased February 25 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

55 4 11 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Pietro Campese

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

14. Maiden name Francesca Caravella

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

16. (a) Informant Tullio Lingua

(b) Address 134 N. 3802 Dresden

17. (a) Burial Burial (b) Date thereof July 10, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Nichi-son

(b) Address 1150 N. Kingshighway Blvd.

19. (a) JUL 9 1943 (b) C. E. McFarland, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1943 hour 16 minute 0 P. M.

21. I hereby certify that I attended the deceased from June 21 1943 to July 6 1943
that I last saw h. alive on July 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Myocardial Infarct

Due to Diabetes Mellitus

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy 61

Duration 6/24/43

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 P. J. Freeman (M. D. 0)
Address 8221 No. Broadway Date signed 7/8/43

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

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. Schoene
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.