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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22895

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6811

1. PLACE OF DEATH:
(a) County
(b) City or town CST. LOUIS (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CITY HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY
In this community 50 YEARS (Specify whether years, months or days)

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. 4601 NEWBERRY TERRACE (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELIZABETH CREAGAN
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 WIDOW
6. (b) Name of husband or wife ~~DAVID~~ James
6. (c) Age of husband or wife if alive years
7. Birth date of deceased NOV. 1 (Month) 1870 (Year) (Day)

8. AGE: Years 72 Months 8 Days 25 If less than one day hr. min.

9. Birthplace DONT KNOW (City, town, or county) ITALY 5 (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business

FATHER
12. Name PAUL CAFFERATA
13. Birthplace DONT KNOW (City, town, or county) ITALY 5 (State or foreign country)

MOTHER
14. Maiden name ANGELA CAFFERATA
15. Birthplace DONT KNOW (City, town, or county) ITALY 5 (State or foreign country)

16. (a) Informant JOHN ARADO
(b) Address 9104 FLORES DRIVE AFTON
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-29-43 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd
19. (a) JUL 28 1943 (Date received local registrar) J. F. Bellock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 26 year 1943 hour 5 minute 30 P. M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Extensive Decubitus Ulcers — Duration
Due to Fracture Left Hip
Exact time place Cause Manner
Due to Some could not be Determined
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) Accident
(b) Date of occurrence Unknown
(c) Where did injury occur? St Louis (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Unknown (Specify type of place)
While at work? (e) Means of injury
23. Signature Thomas J. Allen (M. D. or other)
Address Deputy Coroner Date signed 7-27-43

(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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.