S. No. 2
0M—2-43
5-17-3
I X35607

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23448

State File No.

FILED JUL 24 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 6469

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:
4720 Cote Brilliante Ave.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 0014 17 9 6

(a) State Mo. (b) County

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

(d) Street No. 4720 Cote Brilliante
(If rural, give location)

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

3. (a) PRINT FULL NAME Grace Saranita

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 Widowed

6. (b) Name of husband or wife Vito Saranita

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

7. Birth date of deceased Dec. (Month) 27th (Day) 1887 (Year)

8. AGE: Years 55 Months 6 Days 19 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

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

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

16. (a) Informant Mr. T. G. Saranita
(b) Address 3733 Aldine Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 N. Union Blvd.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th year 1943 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from June 1, 1940, to July 16, 1943, that I last saw her alive on July 16, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Retroperitoneal metastases of Adenocarcinoma of Uterus — 16 months

Due to

Due to

Other conditions General cachexia
(Include pregnancy within 3 months of death)

Major findings:
Of operations Adenocarcinoma of Uterus
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 John J. Ford M.D. (M. D. ~~or other~~)
Address 4720 Cote Brilliante Ave. Date signed 7-17-43

(Licensed Embalmer's Statement on Reverse Side)

Mr. John Pauli
4703 Carter
Do 5677
10-12

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 Albert R. Thompson Jr

Licensed Embalmer No. 4237

P. O. Address St Louis

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.