

No. 2
M-2-43
5-17-39
1

Registration District No. **318**

Primary Registration District No. **1003**

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

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:
FIRMIN DESLOGE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY
(Specify whether)

In this community.....
years, months or days

3. (a) PRINT FULL NAME ANTONINA FERRANTI

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 JOSEPH

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased SEPT 8 1891
(Month) (Day) (Year)

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

51 11 16 hr. min.

9. Birthplace CARINI ITALY
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE

11. Industry or business WIFE

MOTHER FATHER

12. Name ATHEY AMICO

13. Birthplace ITALY
(City, town, or county) (State or foreign country)

14. Maiden name FERRONE LUCIA

15. Birthplace ITALY
(City, town, or county) (State or foreign country)

16. (a) Informant Hough Ferranti Sr.

(b) Address 1021 COLE ST

17. (a) BURIAL (b) Date thereof 8-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen + Kelly

(b) Address 1416 N. TAYLOR AVE

19. (a) AUG 25 1943 (b) J. J. Bulech
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
17

(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL") 925

(d) Street No. 1021 COLE ST
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24
year 1943 hour 12 minute 05 A. M.

21. I hereby certify that I attended the deceased from Aug 9
1943 to Aug 24 19 43
that I last saw her alive on August 23 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive C.V.R. Disease 3 Weeks
Memia
Due to Hypertension C.V.R.
Diabetes Mellitus

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 J. J. Bulech (M. D. or other) MD
Address: 1939 Marcom Date signed 8/25/43

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 Clement McGeary
Licensed Embalmer No. 3732
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.