

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29368
Registrar's No. 1880

FILED AUG 21 1948 317

Registration District No. 317 Primary Registration District No. 0068

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town MAPLEWOOD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Maplewood Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days
In this community 53 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4537 Cadet Ave. (If rural, give location) 5
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country 1

3. (a) PRINT FULL NAME Gaetana Napoli
3. (b) If veteran, name war 1 3. (c) Social Security No. 1

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed 2 divorced, widowed
6. (b) Name of husband or wife ROSARIO 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased September 25 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 10 18 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name ROSARIO Bellona

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

14. Maiden name Nuzia

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

16. (a) Informant MAPLEWOOD NUR. HOME

(b) Address MAPLEWOOD, MO.
17. (a) Burial (b) Date thereof 8-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director MICHELSON
(b) Address 1150 N. Kingshighway

19. (a) AUG 18 1948 (b) [Signature]
(Date of death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13 th
year 1948 hour 11 minute 45 A.M.
21. I hereby certify that I attended the deceased from JAN 1-48
19 to Aug 13, 1948
that I last saw her alive on Aug 13, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease 144
MITRAL REGURGITATION 144
Due to Arteriosclerosis 144

Other conditions (Include pregnancy within 3 months of death) 92+
Major findings: Of operations 92+
Of autopsy 92+

Duration
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? [Signature] (Specify type of place) (c) Means of injury [Signature]
23. Signature [Signature] (M. D. or other) [Signature]
Address 449 W. Locust Date signed 8/18/48

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

3526

MAR 2 2 1944

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.