No. 2
1-5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 1 1943

STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 33294

Registration District No. 214 Primary Registration District No. 1003 Registrar's No. 9335

**1. PLACE OF DEATH:**

(a) County: St. Louis

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

(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4yr.8mo.16ds. (Specify whether years, months or days)
In this community 49 yrs.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: 17

(c) City or town: St. Louis 9 (If outside city or town limits, write "RURAL") 13

(d) Street No.: 6715 Manchester (If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)

If yes, name country: Italy

3. (a) PRINT FULL NAME: JOSEPHINE LiCATA

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: widow

6. (b) Name of husband or wife: Frank Licata

6. (c) Age of husband or wife if alive: years 57 1874

7. Birth date of deceased: Apr. (Month) 22, (Day) 1886 (Year)

8. AGE: Years 69 Months 6 Days 0 If less than one day hr. min.

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

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: not kn own

13. Birthplace: not known (City, town, or county) Italy 5 (State or foreign country)

MOTHER 14. Maiden name: not known

15. Birthplace: not known (City, town, or county) Italy 5 (State or foreign country)

16. (a) Informant: Thelma A. Singler

(b) Address: 5400 Arsenal SX

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

(c) Place: burial or cremation: Calvary

18. (a) Signature of funeral director: Paul A. Calcaterra

(b) Address: 5142 Daggett

19. (a) OCT 23 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 22 year 1943 hour 8.10 minute a. M.

21. I hereby certify that I attended the deceased from Feb 6, 1939 to Oct.22, 1943; that I last saw her alive on Oct. 22, 1943; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Arteriosclerotic Heart Disease | 1939x |
| Due to: Generalized Arterio-sclerosis | 1939x |
| 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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Anthony K. Bunch, C. (M. D. or other)

Address: 5300 Arsenal Date signed 10/22/43

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 22 1956

## 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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**