

FILED NOV 27 1943  
 Registration District No. 277

Primary Registration District No. 6076

Registrar's No. 2587

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town St. Louis Florissant  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Box 2 Patterson Rd  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Louis  
 (c) City or town Florissant, Missouri  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Box 2 Patterson Rd  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Marie Romano  
 (b) If veteran, name war None  
 (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month NOV. day 22.  
 year 1943. hour 1 minute 30 a.m.  
 21. I hereby certify that I attended the deceased from June 1  
1941, to Nov 22 1943  
 that I last saw her alive on Nov 21 1943  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Widow  
 (b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if  
 alive, \_\_\_\_\_ years  
 7. Birth date of deceased Feb 16, 1884  
 (Month) (Day) (Year)

Immediate cause of death  
Chronic Interstitial Nephritis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>9</u>	<u>5</u>	_____ hr. _____ min.

9. Birthplace Italy (City, town, or county) (State or foreign country) 5  
 10. Usual occupation Housework

11. Industry or business \_\_\_\_\_  
 12. Name Dominick DeLuca  
 13. Birthplace Italy (City, town, or county) (State or foreign country) 5  
 14. Maiden name Unknown  
 15. Birthplace Italy (City, town, or county) (State or foreign country) 5

PHYSICIAN  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 1316  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Arthur Romano  
 (b) Address 2716 Semple Ave.  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV. 25.43  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cemetery  
 18. (a) Signature of funeral director Joseph DeLuca  
 (b) Address 1431 Union Blvd.  
 19. (a) NOV 23 1943 (Date received local registrar)  
 (b) E. H. Mc Laver, M.D. (Registrar's signature) 75

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. C. Abner (M. D. or other)  
 Address Florissant, Mo Date signed Nov 23

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

96  
 10  
 0

MOTHER FATHER

**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.**