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11009

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11009
Registrar's No.

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 St. Louis, Missouri.
(b) City or town _____
(c) Name of hospital or institution:
St. Louis City Hospital—Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Antonia Borrini
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 widowed
6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased May 18 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business House work

12. Name unknown

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

16. (a) Informant Emil Borrini

(b) Address 2823 Knox Ct

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec 13 1943 (Month) (Day) (Year)

(c) Place: burial or cremation New St City Court

18. (a) Signature of funeral director Paul E. Calcaterra

(b) Address 5142 Doye St Ave

19. (a) DEC 13 1943 (Date received local registrar) (b) J. J. Burke (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 2823 Knox Court (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4th year 1943 hour 3:30 minute A.M.

21. I hereby certify that I attended the deceased from November 15th 1943, to December 4th 1943 that I last saw him alive on December 4th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to thrombosis of arteriosclerotic coronary artery

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations none

Of autopsy as above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(e) At work? _____ (Specify type of place)

(f) Means of injury _____

23. Signature Clyde M. Witt (M. D. or _____)
Address 1515 Lafayette Date signed 12/4/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

620FF

600FF

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.....

Samuel C. Calcaterra

Licensed Embalmer No. 2376

P. O. Address 5140 Daguerre

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.