. No. 2
1—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 235

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 666

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: 2yrs 1mo 18das (Specify whether years, months or days)

In this community: 23 years

2. USUAL RESIDENCE OF DECEASED: 000 12 9/12

(a) State: Missouri (b) County:

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

(d) Street No.: ~~7059 Delmar~~ City Sanitarium (If rural, give location)

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

If yes, name country: Italy

3. (a) PRINT FULL NAME: Vincenza (Jennie) Defino

3. (b) If veteran, name war: 4

3. (c) Social Security No.:

4. Sex: female

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Sam Defino

6. (c) Age of husband or wife if alive: 69 years

7. Birth date of deceased: November (Month) 2 (Day) 1876 (Year)

8. AGE: Years 67 Months 2 Days 17 If less than one day hr. min.

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

10. Usual occupation: none

11. Industry or business: -

MOTHER FATHER

12. Name: Filippo Mascari

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

14. Maiden name: unknown

15. Birthplace: unknwon (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Thelma A. Dingler

(b) Address: 5400 Arsenal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 21-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: P. Micel - Sons

(b) Address: 1150 N. Kingshighway Blvd.

19. (a) JAN 20 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 19 year: 1944 hour: 1:30 A.M. ~~P.M.~~

21. I hereby certify that I attended the deceased from 12-1-1943, 19..., to 1-19-1944, 19...; that I last saw her alive on 1-19-1944, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis	2yr x
Due to: Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 97	

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)

While at work? (Specify type of place) (e) Means of injury: U

23. Signature: C. T. McCormell M.D. (M. D. or other)

Address: 5400 Arsenal Date signed: 1/18/44

(Licensed Embalmer's Statement on Reverse Side)

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.