S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5800

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 1390

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: St John's Hospital (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)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 1013

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

(d) Street No. 2521 Sublette Ave (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MARTHA TARANTOLA

3. (b) If veteran, name war No

3. (c) Social Security No. 500-24-9573

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb 10 1927 (Month) (Day) (Year)

8. AGE: Years 17 Months 0 Days 0 If less than one day hr. min.

9. Birthplace St Louis Mo 0 (City, town, or county) (State or foreign country)

10. Usual occupation High School

11. Industry or business

FATHER 12. Name Joseph Tarantola

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

MOTHER 14. Maiden name Ida Castello

15. Birthplace St Louis Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mr Joseph Tarantola

(b) Address 2521 Sublette Ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb 15 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Geo A Kakalena

(b) Address 5142 Daggett Ave

19. (a) FEB 12 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10 year 1944 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Status Thymicolymphaticus: fracture of pelvis, spinal cord, lumbar and sacral

Due to: falling from a step ladder driven by one Elizabeth Beatrice Shelley, white, who swerved a truck parked at the curb

Other conditions: (Include pregnancy within 3 months of death) Operating in front of 4960 Arsenal St about 11:15 AM

Major findings: Of operation Surgery 2-9-1944

Of autopsy 27

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) Accident

(b) Date of occurrence Feb 9 1944 000

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? no (e) Means of injury Auto

23. Signature Alfred J. Perry D.O. (M. D. or other)

Address Deputy Coroner Date signed 2-12-44

(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 Raul C Calcaterra

Licensed Embalmer No. 2376

P. O. Address 5142 Daggett

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.