

BUREAU OF THE CENSUS
FILED MAR 20 1944

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2327

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis 73
(If outside city or town limits, write "RURAL")
(d) Street No. 6017 Odell (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Irene Angonese

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Frank Angonese 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 26, 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

12. Name Tony Suardi

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

14. Maiden name Angelia Novello

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

16. (a) Informant Flora Azzolin

(b) Address 6017 Odell

17. (a) Burial (b) Date thereof 3-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter & Paul

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) MAR 9 1944 (b) J. F. Bruck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 8 year 1944 hour 7:00 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from 2/28, 1944, to 3/7, 1944; that I last saw st alive on 3-7-44, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Coma

Due to Acute Pyelonephritis Duration 2 days

Due to _____ Duration 2 wks

Other conditions Diabetes Mellitus Duration yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 0

23. Signature Victor J. Gould (M. D. or other) md
Address 2813 W. Watson Date signed 3/7/44

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

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.....

Floring Eynck

Licensed Embalmer No. *1284*

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.