

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

3270

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis—Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Residence—5207 Wilson Ave.  
(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

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

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

6. (b) Name of husband or wife Antonio Garavaglia 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July 9th, 1879  
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business ---

MOTHER FATHER { 12. Name Servero Frattini  
13. Birthplace Italy (City, town, or county) (State or foreign country) 5  
14. Maiden name Rosa Serina Frattini  
15. Birthplace Italy (City, town, or county) (State or foreign country) 5

16. (a) Informant Antonio Garavaglia  
(b) Address 5207 Wilson Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-44  
(Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul Cem.

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

(b) Address 5142 Daggett Avenue

19. (a) APR 8 1944 (Date received local registrar) J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9  
(d) Street No. 5207 Wilson Avenue (If rural, give location) 13  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6<sup>th</sup>  
year 1944 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 3 1943 to April 6 1944  
that I last saw her alive on April 6 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage with hemiplegia Duration 2 days  
Due to Hypertensive Cardiovascular disease 2 years  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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? \_\_\_\_\_ (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 Charles Montani (M. D. or other) MD  
Address 5147 Daggett Ave Date signed 4-7-44

**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..... *Paul G. Calcaterra*

Licensed Embalmer No..... *2376*

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.**