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FILED JUN 9 1944 18

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Registration District No. Primary Registration District No.

Registrar's No. 4885

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 Days
(Specify whether)

In this community 49 years.
years, months or days

3. (a) PRINT FULL NAME Filippa (Fannie) Maniscalco

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 2 divorced, widowed

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

7. Birth date of deceased February 27 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	2	29	hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Francesco Palito

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

14. Maiden name Francesca Calanarina

15. Birthplace Poggio Riale Italy 5
(City, town, or county) (State or foreign country)

16: (a) Informant Jac Maniscalco
(b) Address 3722 Cottage av

17. (a) Burial (b) Date thereof May 29, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Miceli - Sons
(b) Address 1150 N. Kingshighway Blvd.

19. (a) MAY 27 1944 J. J. Medeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 3724 Cottage
(If rural, give location)

(e) Citizen of foreign country? Yes. (Yes or No)
If yes, name country Italy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 26
year 44 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from 5-15
....., 1944, to 5-26, 1944
that I last saw her alive on 5-26, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death hypertension heart disease

Due to arteriosclerosis heart disease

Due to.....

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

Duration 11 days

Major findings:
Of operations.....

Of autopsy same as above

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?.....

23. Signature Palito Jac (M. D. or other)
Address 1325 So Grand Blvd Date signed 5/27/44

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

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.