

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29743

FILED SEP 30 1944

Primary Registration District No. 1003

Registrar's No. 8030

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

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:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community 24 years.
years, months or days)

3. (a) PRINT FULL NAME Vincenza santino

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, Married

6. (b) Name of husband or wife Giovanne 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased June 10 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63 3 7 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Pasquale Consiglio

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

14. Maiden name Assunta Lanzara

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

16. (a) Informant John Santino

(b) Address 920 Cole

17. (a) Burial (b) Date thereof Sept. 21-44
(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) SEP 19 1944 J. F. Bredick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis mo
(If outside city or town limits, write "RURAL") 25-17-9

(d) Street No. 920 Cole St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17
year 1944 hour 4:47 minute P. M.

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

Immediate cause of death..... Duration

Cancer uterus with metastases.

Due to.....

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?.....

23. Signature Alfred J. Perry (Specify type of place) (c) Means of injury 3
Address Deputy Registrar (M. D. or other)
Date signed 9-19-44

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 *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.