

Registration District No. **1194318**

Primary Registration District No. **1003**

Registrar's No. **8741**

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
3924 Wyoming
(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 **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3924-A Wyoming**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT **Caroline Vinceri**
FULL NAME

3. (b) If veteran, **No** name war
3. (c) Social Security **None** No.

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

6. (b) Name of husband or wife **Anthony Vinceri**
6. (c) Age of husband or wife if **74** years
alive

7. Birth date of deceased **November 11 1880**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	10	29	_____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER

12. Name **Paul Butta**
13. Birthplace **Italy**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant **Anthony Vinceri, Husband**

(b) Address **3924-A Wyoming**

17. (a) **Burial** (b) Date thereof **10-13-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Sam E Calcestra**

(b) Address **5142 Daggett Ave. St. Louis**

19. (a) **OCT 14 1944** (Date received local registrar) **J. F. Brueck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **9**
year **1944** hour **8:00** minute **A** M.

21. I hereby certify that I attended the deceased from **8/11/44** to **10/9/44**
that I last saw him alive on **10/8/44**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Intestinal obstruction**
perforation
Due to **Carcinoma of**
ascending colon
Duration **3 mos**
1 yr.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **AB**
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 **L. J. ...** (M. D. or other) **MD**
Address **2608 ...** Date signed **10/12/44**

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

8728
8728

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 *Samuel 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.