

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. **9589**Registration District No. **23194**Primary Registration District No. **1002**

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:
City Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Days
 (Specify whether
 In this community Years
 years, months or days)

3. (a) PRINT FULL NAME Louis Bignani

3. (b) If veteran, name war No
 3. (c) Social Security No. 498-18-3010

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0

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

7. Birth date of deceased 11-- 13-- 1901
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>11</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

12. Name Angelo Bignani

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

14. Maiden name Maria Bottini

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

16. (a) Informant Theresa Colombo

(b) Address 5247 Botanical

17. (a) Burial (b) Date thereof 11-15-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Paul Calcaterra

(b) Address 5142 Daggett Ave

19. (a) NOV 13 1944 (b) J. B. Bredeck
 (Date received local registrar) (Registrar's signature)

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. 5507 Botanical
 (If rural, give location)
 (e) Citizen of foreign country? Yes (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10
 year 1944 hour 11 minute 55 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 _____

Chronic Endocarditis of Mitral Valve with Calcification of

Due to Chronic Hypertrophy of Heart.

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Alfred Perry (M. D. or other) _____

Date signed 11/13/44

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

Paul C. Calcaterra

Licensed Embalmer No. 2376

P. O. Address 5142 Daggett Ave.

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.