V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21712

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6826

1. PLACE OF DEATH:

(a) County St Louis

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

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

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 800 173

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

(d) Street No. 6209 Argus Pl (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARIA BRAMBILLA

3. (b) If veteran, name war No

3. (c) Social Security No. no

4. Female 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Pete Brambilla

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

7. Birth date of deceased May 9 1878 (Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 22 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Petro Cagliani
13. Birthplace Italy (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name Theresa Fioventini
15. Birthplace Italy (City, town, or county) 5 (State or foreign country)

16. (a) Informant Mr P. Brambilla

(b) Address 6209 Argus Pl

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 4 1945 (Month) (Day) (Year)

(c) Place: burial or cremation New St Peters Cem

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

(b) Address 5142 Daggett Ave

19. (a) AUG 3 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st year 1945 hour 10 minute - P M.

21. I hereby certify that I attended the deceased from Dec. 1, 1942 to August 1, 1945 that I last saw her alive on Aug. 1, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized Carcinomatosis	9 mo
Due to Carcinoma stomach	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations 12-5-42 Gastric resection carcinoma

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 Charles Montani (M. D. or other) MD

Address 5147 Daggett Date signed 8-2-45

(Licensed Embalmer's Statement on Reverse Side)

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. Calcatera

Licensed Embalmer No. 2376

P. O. Address 5142 Dugquett

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.