

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28902

FILED SEP 28 1945
318

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 8203

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:
Missouri Bateste 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 060

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5624 Columbia 9 B
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME AMILIA CANTONI

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19
year 1945 hour 11 minute 17 A. M.

21. I hereby certify that I attended the deceased from 6/22 1945 to 9/19 1945
that I last saw her alive on 9/19 1945
and that death occurred on the date and hour stated above.

4. female 5. Color of race white

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

6. (b) Name of husband or wife Anthony Cantoni

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased: Feb 11 1887
(Month) (Day) (Year)

Immediate cause of death Pneumonia

Due to Leakage after a partial gastrectomy

Due to Perforating duodenal ulcer

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

Duration

2 days

2 days

2 mos.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years 58 Months 7 Days 8

If less than one day: _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph Cantoni

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

14. Maiden name Catherine Marsanotto

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

16. (a) Informant Dr. Cantoni

(b) Address 5624 Columbia Ave

17. (a) burial (b) Date thereof Sept 22 1945
(Burial, cremation, or removal) (City or town) (County) (State) (Day) (Year)

(c) Place: burial or cremation New St Peter's Church

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

(b) Address 5142 W. Aggett Ave

19. (a) SEP 21 1945 (b) _____
(Date received local registrar) (Registrar's signature)

Major findings: Perforating duodenal ulcer

1198-1

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where and injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

Write at work _____ (Specify type of place)

Means of injury _____

23. Signature L. H. Milligan (M. D. or other) MD

Address 2608 S. Kingshighway Date signed 9/21/45

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

MOTHER FATHER

THOMAS AILIMA

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

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.