No. 2
5-43
17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1946

State File No. 39520

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11583

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: Faith Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Weeks (Specify whether

In this community 27 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 200

(a) State Missouri (b) County 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 926

(d) Street No. 1839a Mullanphy (If rural, give location)

(e) Citizen of foreign country? Yes 0 (Yes or No)

If yes, name country Italy

3. (a) PRINT FULL NAME Caterina Matteoni

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 Joe

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased November (Month) 11 (Day) 1909 (Year)

8. AGE:

Years	Months	Days	If less than one day
36	1	17	hr. min.

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

10. Usual occupation Pocket Maker

11. Industry or business National Tailors

FATHER
12. Name Balassano Moceri
13. Birthplace Campobello Di Mazzara (City, town, or county) 5 Italy (State or foreign country)

MOTHER
14. Maiden name Lucia Barbera
15. Birthplace Campobella Di Mazzara (City, town, or county) 6 Italy (State or foreign country)

16. (a) Informant Joe Matteoni

(b) Address 1839a Mullanphy

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P Miceli-Sons

(b) Address 1150 N. Kinghighway

19. (a) DEC 30 1945 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12/28/45 year hour 3 minute 30-8 M.

21. I hereby certify that I attended the deceased from about June, 1945 to , 19 ; that I last saw her alive on 12/28, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of stomach	6 mos?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy above

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 A J Signorelli M.D. (M. D. or other)

Address 2801 N Taylor Date signed 12/29/45

(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 me

, Registered Apprentice No.

working under my personal supervision.

Signed G. G. Smithers

Licensed Embalmer No. 3916

P. O. Address 2626 a Union Bl

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.