

FILED FEB 20 1946
Registration District No. 318

Primary Registration District No. 1003

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: Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
In this community 16 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Ills. (b) County Madison
(c) City or town Collinsville
(If outside city or town limits, write "RURAL")
(d) Street No. 1201 Virginia Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elena Pani

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

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

6. (b) Name of husband or wife Antonia Pani
6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March 5-1885
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 20
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business Own Home

12. Name Joseph Massa

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

14. Maiden name Not known

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

16. (a) Informant Leo. Pani

(b) Address Collinsville, Ills.

17. (a) removal (b) Date thereof Feb 7 /46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Collinsville, Ills.

18. (a) Signature of funeral director Leo M. Schuappes

(b) Address Collinsville, Ills.

19. (a) 1946 (b) J. J. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7th
year 1946 hour 5 minute 20A M.

21. I hereby certify that I attended the deceased from 9-24 1945 to Feb 7 1946;
that I last saw her alive on Feb 7 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Myo. Cardia, Chr
Duration ?

Due to _____
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? _____

While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) M.D.

Address 4930 Lindell Blvd Date signed 2/7/46

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

MOTHER FATHER

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 Geo. M. Schuppel

Licensed Embalmer No. 1598

P. O. Address Ballinsville, Ill

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.