

FILED APR 18 1946 STANDARD CERTIFICATE OF DEATH

State File No.

3057

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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:
4235 Maryland Ave.
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 48 yrs.
(Specify whether
in this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4235 Maryland Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Julia Mariani

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W. 2

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

7. Birth date of deceased Dec. 7, 1883
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Zeferino Poli

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

14. Maiden name Dora Denilli

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

16. (a) Informant Mr. John Mariani

(b) Address 4235 Maryland Ave.

17. (a) Burial (b) Date thereof 4-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery

18. (a) Signature of funeral director Arthur J. Bonnell

(b) Address 3840 Lindell Blvd.

19. (a) APR 1 1946 (b) J. F. Breard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st.,
year 1946 hour _____ minute 45 P.M.

21. I hereby certify that I attended the deceased from July 10
1944 to Mar. 31 1946
that I last saw her alive on Mar. 31 1946
and that death occurred on the date and hour stated above.

Immediate cause of death:
Carcinoma of the st. Breast
Carcinoma of the spine

Due to Primary site in breast

Due to _____

Other conditions: 50
(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 2

23. Signature Robert J. Tamm (M. D. or other)

Address 624 N. Union Date signed 4/1/46

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

10350

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 W. H. Vanmatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.