

FILED MAY 31 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 154

Primary Registration District No. 5575

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
104 E 79th 1
(If not in hospital or institution, write street number or location)

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

In this community 35 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Jackson

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

(d) Street No. 104 E 79th
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Ireland

3. (a) PRINT FULL NAME MARIA LATONA

3. (b) If veteran, _____ name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1946 hour 8 AM minute 45 A.M.

21. I hereby certify that I attended the deceased from 4-3-
1945 to May 11 (11) 1946
that I last saw her alive on May 10 9 AM 1946
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

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

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

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

7. Birth date of deceased June 5 1884
(Month) (Day) (Year)

Immediate cause of death Acute Cardiac decompensation Duration 1 week

Due to Myocarditis + Hypertensive heart disease years

Due to Generalized arterial sclerosis years

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

8. AGE: Years 61 Months 11 Days 25 If less than one day _____ hr _____ min.

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

10. Usual occupation Housewife

Major findings:
Of operations _____

Of autopsy 97

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name TONY Orlando

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

14. Maiden name Anna Latona

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

16. (a) Informant Pat Latona

(b) Address 104 E 79th

17. (a) Burial (b) Date thereof 5/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Ben

18. (a) Signature of funeral director Sebbeto's

(b) Address City - Kansas City, Mo.

19. (a) 5/13/46 (b) Dr. James W. Hedges
(Date received local registrar) (Registrar's signature)

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 J. Lee C. McHale (M. D. or other) _____
Address 7620 Androp. Ave Date signed 5-13-46

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

1584

136

Handwritten notes:
4600
[unclear]

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 *Harry Bergman*

Licensed Embalmer No. *7041*

P. O. Address *K.P. Mo*

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.