

S. No. 2
M-3-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18103

FILED MAY 28 1946

Registration District No. 3

Primary Registration District No. 6076

Registrar's No. 1102

1. PLACE OF DEATH: ST. LOUIS

(a) County ST. LOUIS

(b) City or town Afton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8711 Ivy
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 53 years
(Specify whether years, months or days)

In this community 53 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna Russo

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 John 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased: April 26 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>0</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Carmelo Palmeri

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

{ 14. Maiden name Maria Russo

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

16. (a) Informant John Russo

(b) Address 8711 Ivy

17. (a) Burial (b) Date thereof May 22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation calvary cemetery

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

(b) Address 1150 N. Kingshighway Blvd

19. (a) 5-22-46 (b) E. J. McFarland
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST. LOUIS 96

(c) City or town Afton
(If outside city or town limits, write "RURAL")

(d) Street No. 8711 Ivy
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 19
year 46 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Dec 10
1944 to 5/19 1946
that I last saw her alive on 5/17 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Uterus
Cerebral Hemorrhage

Duration 2 1/2 years

Due to 46

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)

Means of injury Car

23. Signature Walter Kelly (M. D. or other) _____
Address 9915 Gravois Afton Date signed 5/20/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
46 58 46
5-27-46

MAY 29 1946

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 Arnold W. Schoene
Licensed Embalmer No. 3864
P. O. Address St. Louis, 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.