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7. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

289712  
R. 501

State File No. ....

Registration District No. **318**

Primary Registration District No. ....

Registrar's No. **56971**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution: St. Louis City Hospital  
Max C. Starkloff Memorial  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 42 years  
(Specify whether years, months or days)

In this community 42 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St. Louis

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

(d) Street No. 15343 HOGAN ST  
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME **CATHERINE TEDESCHI**

3. (b) If veteran, name war None

3. (c) Social Security No. No

4. Sex Female 5. Color or race WHITE

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

(b) Name of husband or wife BALDASARE TEDESCHI

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

7. Birth date of deceased APRIL 12 1886  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25  
year 1946 hour 7:40 minute A M.

21. I hereby certify that I attended the deceased from June 14  
1946, to June 25 1946  
that I last saw h or alive on June 25 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
60 2 13 hr. min.

Immediate cause of death Carcinoma of the Large intestine (Caecum)

Due to .....

Due to .....

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

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

10. Usual occupation HOUSEWORK

11. Industry or business SELF

MOTHER FATHER

12. Name VINCENZO SCIRE

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

14. Maiden name LEONARDO VALENTI

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

Major findings: Of operations .....

Of autopsy .....

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

16. (a) Informant Tony Tedeschi

(b) Address 15343 HOGAN ST.

17. (a) BURIAL (b) Date thereof JUNE 28 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Benedict, Metairie

(b) Address 1431 Union Bl

19. (a) JUN 27 1946 (b) J. F. Bredbeck  
(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 Q

23. Signature M. W. Fitzgerald (M. D. or other) .....

Address 1515 Lafayette Avenue Date signed 6/25/46

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

**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 Frank H. Nickau

Licensed Embalmer No. 2915

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.**