

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:
St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 926 Cole
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Indelicato

3. (b) If veteran, name war X
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 Antonio Indelicato
6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased March 17 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>4</u>	<u>28</u>	hr. min.

9. Birthplace St. Louis MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Salvatore Lombardo

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

14. Maiden name Marie Speguzza

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

16. (a) Informant Antonio Indelicato

(b) Address 926 Cole

17. (a) Burial (b) Date thereof Aug 19, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

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

(b) Address 1150 N. Kingshighway

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15th
year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Nov.
1945 to Aug 15th 1946
and that death occurred on the date and hour stated above.
that I last saw h. EA alive on Aug 14th 1946

Immediate cause of death: Carcinoma thyroid gland
spread throughout neck 6 Mos.
Due to Cancer Thyroid gland
Due to _____

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

Major findings: Carcinoma & diffuse
involv. Neck from
Olecranon Thyroid gland
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)
(c). Means of injury _____

23. Signature Pierce W. Powers (M. D. or other) MD
Address 1106 W. 24th St. St. Louis Date signed 8/17/46

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

28752

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..... *Albert Masfield*

Licensed Embalmer No. *3077*

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.