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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34823

Registration District No. 317 Primary Registration District No. 6026 Registrar's No. 3169

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Rich Hill

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

(c) Name of hospital or institution:

9243 Manchester /

(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Rich Hill

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

(d) Street No. 9243 Manchester Ave.

(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Caroline Porta

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 Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased Feburary (Month) 24 (Day) 1877 (Year)

8. AGE: Years 69 Months 8 Days 0 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER

12. Name Matia Mazza

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

MOTHER

14. Maiden name Unknown

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

16. (a) Informant Victor Porta

(b) Address 9243 Manchester Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 28 46 (Month) (Day) (Year)

(c) Place: burial or cremation New St Peter & Paul's

18. (a) Signature of funeral director Jay B Smith Funeral Home

(b) Address 7456 Manchester Ave., Maplewood

19. (a) 10-29-46 (Date received local registrar) (b) Ruth J Allen MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24 year 1946 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 1946, to October 1946, that I last saw her alive on Oct 24 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	2 days
Due to Hypertensive Cardio-vascular disease	?
Due to	
Other conditions (Include pregnancy within 3 months of death) 93d	

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Robert M Keller (M.D. or other) M.D.

Address 3284 Tower Date signed 10-25-46

(Licensed Embalmer's Statement on Reverse Side)

JUN 17 1947

JUN 10 1947

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 3454

....., Registered Apprentice No.....

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchest

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.