

FILED OCT 16 1946 **STANDARD CERTIFICATE OF DEATH**
318 1003

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 8507

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4002 Meremac
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Frank S. Canova

3. (b) If veteran, name war -- 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased June 8 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 3 25 hr. min.

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

10. Usual occupation Show worker

11. Industry or business

MOTHER FATHER
12. Name Rosario Canova
13. Birthplace Unknown Italy
(City, town, or county) (State or foreign country)
14. Maiden name Josephine Caragliano
15. Birthplace Unknown Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Canova
(b) Address 4002 Meremac

17. (a) Burial (b) Date thereof 10/7/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. SS Peter & Paul

18. (a) Signature of funeral director Mark Wildale

(b) Address 3634 Gravois Ave.

19. (a) OCT 6 1946 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ARC
(c) City or town St. Louis 1517
(If outside city or town limits, write "RURAL.")
(d) Street No. 4002 Meremac
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) 1
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3
year 1946 hour 7 minute 12P. M.

21. I hereby certify that I attended the deceased from Apr 23
1946 to 10-3 1946
that I last saw him alive on 10-3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia - bacterial (Terminal) 4 days

Due to.....
Due to..... Jha

Other conditions constant hemorrhage
(Include pregnancy within 3 months of death)
old + recent.

Major findings:
Of operations.....
Of autopsy.....

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 0

23. Signature Amyle C. ... (M. D. or other) me
Address 5202 Chipman Date signed 10-5-46

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 J. Ryland

Licensed Embalmer No.....

2645

P. O. Address.....

St Louis

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.