

No. 2
-5-43
-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35681

State File No.

8893

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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:
4714 Maffitt /
(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) 50 years.

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. 4714 Maffitt Ave.
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3. (a) PRINT FULL NAME

Caterina Viviano

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 Michele

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased February 2 1846
(Month) (Day) (Year)

8. AGE:

Years 100 Months 8 Days 25

If less than one day hr. min.

9. Birthplace Palermo
(City, town, or county)

Italy
(State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Joe Lomboldi

13. Birthplace Italy
(City, town, or county)

Italy
(State or foreign country)

14. Maiden name Margherita

Unknown

15. Birthplace Italy
(City, town, or county)

Italy
(State or foreign country)

16. (a) Informant Joe Sarlone

(b) Address 4714 Maffitt

17. (a) Burial (b) Date thereof Oct. 19 1946
(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

19. (a) OCT 17 1946
(Date of live local registration)

(b) J. F. Bredner
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Oct day 16
year 1946 hour 2 minute 4 M.

21. I hereby certify that I attended the deceased from Oct 8, 1946 to Oct 15, 1946.
That I last saw him alive on Oct 15, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to Hyperlipemia

Due to anemic
Other conditions (include pregnancy within 3 months of death) 93

Major findings:
Of operations
Of autopsy

Duration

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) (e) Means of injury
Signature W. N. White (M. D. or other)
Address 803 Kingshighway Date signed 10-16-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
34503

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 Grayfield

Licensed Embalmer No.....

P. O. Address..... 3077

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.