

FILED NOV 25 1946
318

Registrar's No. **9424**

Registration District No. _____ Primary Registration District No. **1005**

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: 5460 Elizabeth Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(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. 5460 Elizabeth Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THERESA FRATTINI

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Victor Frattini 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 11 1884
(Month) (Day) (Year)

8. AGE: Years 62 Months 5 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Homemaker

11. Industry or business _____

12. Name Silvia Carnaghi

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

14. Maiden name Clementina Carnaghi

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

16. (a) Informant Mrs. John Clavenna

(b) Address 5460 Elizabeth Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 6 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Old St. Paul's Church

18. (a) Signature of funeral director Carl Calcaterra

(b) Address 5142 Daggett Ave.

19. (a) NOV 1 1946 (Date received local registrar) (b) J. J. Wudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 3rd, year 1946, hour 7 minute 30 AM

21. I hereby certify that I attended the deceased from Jan 20 1930 to Nov 3rd 1946; that I last saw her alive on Nov 2nd 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Due to Coronary heart disease years _____

Due to Hypertensive Cardiac Vascular disease years _____

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

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) (c) Means of injury _____

23. Signature Charles Montani (M. D. or other) MD
Address 5147 Daggett Ave. Date signed 11-4-46

Duration

3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
37425

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.....

Paul P. Calcaterra

Licensed Embalmer No.....

2376

P. O. Address.....

2742 Doggett

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.