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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2354

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 142

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

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:
Barnes Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town Affton 0
(If outside city or town limits, write "RURAL")
(d) Street No. 9007 Niles Place NRO
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

3. (a) PRINT FULL NAME Florence T Comparato
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 single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 2, (Day) 1924 (Year)

8. AGE: Years	Months	Days	If less than one day
22	11	1	hr. min.

9. Birthplace St Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER
12. Name Sam Comparato
13. Birthplace not known (City, town, or county) Italy 5 (State or foreign country)
MOTHER
14. Maiden name Adele Schwan
15. Birthplace St Louis (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Sam Comparato
(b) Address 9007 Niles Drive
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/7/47 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter & Paul
18. (a) Signature of funeral director J L Ziegenhein & Sons
(b) Address 7098 Gravois
19. (a) JAN 7 1947 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3
year 1947 hour 11 minute 15 P.M.
21. I hereby certify that I attended the deceased from Jan. 3, 1947, 19..., to Jan 3, 1947; that I last saw her alive on Jan. 3, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Meningitis -Tuberculous	2 weeks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Spinal fluid contained 235 cells
Of autopsy Thickened arachnoid

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 Henry G Schwartz (M. D. or other) M.D.
Address 600 S. Kingshighway Date signed Jan. 6, 1947

(Licensed Embalmer's Statement on Reverse Side)

21

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland 14 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.