S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10644

State File No. .....

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2204

1. PLACE OF DEATH:

(a) County St Louis Mo
(b) City or town ..... (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1819 Edwards St
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 13 17
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1819 Edwards St (If rural, give location) 9
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Mario Calcaterra
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Pauline
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Nov 1 1892 (Month) (Day) (Year)

8. AGE: Years 54 Months 4 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Italy (City, town, or county) 5 (State or foreign country)
10. Usual occupation .....
11. Industry or business barber
FATHER
12. Name unknown
13. Birthplace Italy (City, town, or county) 5 (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace Italy (City, town, or county) 5 (State or foreign country)
16. (a) Informant Mrs Pauline Calcaterra
(b) Address 1819 Edwards
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Mar 5 1947 (Month) (Day) (Year)
(c) Place: burial or cremation St Peter & Paul
18. (a) Signature of funeral director Paul C Calcaterra
(b) Address 5142 Daggett Ave
19. (a) MAR 4 1947 (Date received local registrar) (b) J F Brezeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1947 hour 2 minute 15 a M.
21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Pulmonary	
Due to Tuberculosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 3
23. Signature [signature] (M. D. or other) .....
Address [signature] Date signed 3/4/47

(Licensed Embalmer's Statement on Reverse Side)

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 C Calcatera

Licensed Embalmer No. 2376

P. O. Address.....

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.