

FILED MAR 31 1947  
318

Registration District No. 318

Primary Registration District No.

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: Missouri Pacific  
(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 Milano, Ambrogio  
3. (b) If veteran, name war..... no  
3. (c) Social Security No. 702-14-6922

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Josephine La Berta 6. (c) Age of husband or wife if alive..... years  
Birth date of deceased Feb 11 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 1 6 hr. min

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

10. Usual occupation Railway Foreman

11. Industry or business

12. Name Paul Milano

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

14. Maiden name Josephine Riggs

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

16. (a) Informant Paul Milano  
(b) Address 4933 Shaw Ave.

17. (a) burial (b) Date thereof March 20 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Paul P. Calabrese  
(b) Address 51429 Higgett

19. (a) MAR 1 1947 (b) J. F. Reddick  
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4933 Shaw  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17  
year 1947 hour 6 minute 55 P.M.

21. I hereby certify that I attended the deceased from Feb. 26 1947 to March 17 1947  
that I last saw him alive on March 17 1947  
and that death occurred on the date and hour stated above.  
Duration

Immediate cause of death.....

Coronary Thrombosis  
Due to Arteriosclerotic Heart Disease

Due to.....

Other conditions.....  
(include pregnancy within 3 months of death) 92

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.....

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.....

23. Signature Vincent A. Sherrill (M. D. or D. O.)  
Address Mo. Pac. Bldg. Date signed 3-17-47

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

MOTHER FATHER

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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. Calcaterra* .....

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.