

No. 2
-12-45
5-17-39
I X47070

FILED MAY 9 1947
318

Registration District No. _____ Primary Registration District No. **1003**

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

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:
5352 Emerson Ave.
(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)

In this community 37 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Antonia Ferracane

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 Married

6. (b) Name of husband or wife Vito Ferracane 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased March 31 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>0</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace Marsala Italy 5
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Nicolo Angileri

13. Birthplace Marsala Italy 5
(City, town, or county) (State or foreign country)

14. Maiden name Marietta Pipitone

15. Birthplace Marsala Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Ferracane

(b) Address 5352 Emerson Ave

17. (a) Burial (b) Date thereof May 3, 1947
(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) MAY 2 1947 J. F. Bredenk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5352 Emerson Ave
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1947 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from March 19 42 to April 30, 19 47
that I last saw her alive on April 28, 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion and chronic myocarditis. 5 yrs.

Due to Chronic Diabetes Mellitus

Due to _____

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)

Means of injury 0

23. Signature AH Just (M. D. or other) M.D.
Address 2807 N. Grand Blvd. Date signed 5/1/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Mayfield*
Licensed Embalmer No. *3077*
P. O. Address..... *St. Louis*

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.