

FILED MAY 14 1947

Registration District No. 318

Primary Registration District No. 1003

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:
Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
in this community 58 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS 96
(c) City or town RICHMOND HEIGHT 8
(If outside city or town limits, write "RURAL")
(d) Street No. 1005 Yale Ave. NR. 3
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GAETANA BOVA LONGO

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 MATTEO 6. (c) Age of husband or wife if
alive 17 years 1871
7. Birth date of deceased. DECEMBER (Month) 17 (Day) 1871 (Year)

8. AGE: Years Months Days If less than one day
75 4 20 hr. min.

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

10. Usual occupation HOUSEWORK

11. Industry or business

12. Name GUISEPPI BOVA

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

14. Maiden name ANTONINA SPICUZZA

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

16. (a) Informant Frank Longo

(b) Address 1115 Yale Ave.

17. (a) Burial (b) Date thereof May 10 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Bensiek-Mellans

(b) Address 1431 Union Bk

19. (a) MAY 9 1947 (b) J. F. Bredsch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th
year 1947 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from April 20
1947 to May 5 1947
that I last saw her alive on May 5 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure Duration 2 Days

Due to Hypertensive C.V.R. Disease ?

Due to

Other conditions 1/2/1
(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?

While at work? (Specify type of place) Means of injury

23. Signature Thomas G. Schiolo (M. D. or other) MD
Address 1931 Marconi Date signed 5/9/47

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

MOTHER FATHER

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

Frank H. Nickens

Licensed Embalmer No.

2915

P. O. Address

St. Louis, 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.