

FILED JUN 23 1948 18

Registration District No.

Primary Registration District 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:
2402 Cass Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... **45 years**
years, months or days) (Specify whether)

3. (a) PRINT FULL NAME **ROSALIA LICAVOLI**

3. (b) If veteran **NONE** name war..... 3. (c) Social Security No. **NONE**

4. Sex..... **FEMALE** 5. Color or race..... **WHITE**
6. (a) Single, widowed, married, divorced..... **MARRIED**
6. (b) Name of husband or wife..... **GUISEPPI LICAVOLI**
6. (c) Age of husband or wife if alive..... **76** years
7. Birth date of deceased..... **OCTOBER 11 1879**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 7 27 hr. min.

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

10. Usual occupation **HOUSEWORK**

11. Industry or business..... *********

12. Name..... **VITO SHARMITARO**

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

14. Maiden name..... **VITA BRANCOLONI**

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

16. (a) Informant..... **San Licavoli**
(b) Address..... **2402 Cass Ave.**

17. (a) **Burial** (b) Date thereof..... **Jun 12, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **CALVARY CEMETERY**

18. (a) Signature of funeral director..... **BENSIEK NIEHAUS**
(b) Address..... **1431 Union Bl.**

19. (a) **JUN 12 1947** (b) **J. F. Brudeck**
(Date received and signed) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **MO**
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2402 Cass 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..... **June** day..... **8**
year..... **1947** hour..... **10** minute..... **45 p. M.**

21. I hereby certify that I attended the deceased from..... **May 12, 1947**
..... 19..... to..... **June 2** 19.....
that I last saw h.s.x. alive on..... **June 2** 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Chronic Myocarditis and myocardial degeneration**
Duration **6-12 mos.**

Due to..... **Hypertension & Atherosclerosis**

Due to.....

Other conditions..... **9/2**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of 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.....

23. Signature..... **J. Lederman** (M. D. or other) **M.D.**

Address..... **2500 N. Grand Ave.** Date signed..... **6-10-47**

WRITE PLAINLY—USING 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

Elmer R. Cadwell

Licensed* Embalmer No. 4077

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.