. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 7 1947

Registration District No. 37

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 22864

Registrar's No. 1421

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4961 West Pine Blvd. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Theresa Foppiano

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F.

5. Color or race W.

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife John E. Foppiano

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 2, (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	0	27	hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Borre
13. Birthplace (City, town, or county) Italy 5 (State or foreign country)

MOTHER
14. Maiden name Angeline Castelli
15. Birthplace (City, town, or county) Italy 5 (State or foreign country)

16. (a) Informant Mrs. Paul Smith
(b) Address 4961 West Pine Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J Donnelly
(b) Address 3840 Lindell Blvd

19. (a) 7-3-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 29th
year 1947 hour 1. minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 1947 to June 29 1947
that I last saw her alive on June 28 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular Renal Disease

Due to

Due to 13/a

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 C. J. Vollmer (M. D. or other)

Address 55 W. Big Bend Date signed 6/30/47

Webster Groves, Mo.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JUL 21 1947

JUL 23 1947

55 W Big Road Road
Mobile
1-330

Jefferson

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.