No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43267

FILED DEC 31 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11601

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Faith Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 54 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1428 N. 19th St. (If rural, give location) 9

21

(e) Citizen of foreign country? yes (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Josephine Lumetta

3. (b) If veteran, name war None

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 Salvatore Lumetta.

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Feb 2. 1892 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	10	17	hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER

12. Name Paul Mormino 5

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

MOTHER

14. Maiden name Mary Gillardi 5

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

16. (a) Informant Salvatore Lumetta

(b) Address 1428 N. 19th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 22. 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bruce L. Niehaus

(b) Address 1431 Union Blvd.

19. (a) DEC 20 1947 (Date received local registrar) (b) J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19 year 1947 hour 4 55 minute a M.

21. I hereby certify that I attended the deceased from July 17, 1947 to Dec 19 1947 that I last saw her alive on 12-19, 1947 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Chronic cardiac valvular disease

Due to 92

Due to

Other conditions Cardiac Decompensation (Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

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 0

23. Signature Jos. P. Berman (M. D. or other)

Address 1225 No. Grand Date signed 12-19-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2915

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.