. 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. 43480

FILED DEC 31 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11624

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 5848 Cabanne Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 5848 Cabanne Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 5 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Virginia Selvaggi.

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 Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. 30 1877
(Month) (Day) (Year)

8. AGE: Years 70 | Months 10 | Days 20 | If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

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

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

16. (a) Informant Marie V. Selvaggi
(b) Address 5848 Cabanne Ave.

17. (a) Burial (b) Date thereof Dec. 23.47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calwary Cemetery

18. (a) Signature of funeral director Bernard Niehaus
(b) Address 1431 Union Blvd.

19. (a) DEC 22 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 20 day
year 1947 hour 1 minute a. M.

21. I hereby certify that I attended the deceased from December 19, 1947, to December 20 1947; that I last saw her alive on December 19, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis Acute phase	1wk 6hours
Due to	
Due to	
Other conditions None. (Include pregnancy within 3 months of death)	

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following: No.
(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 J. Fred W. Clark (M. D. or other) MD
Address F&H Hamilton St. Louis 12, Mo Date signed 12-20-47

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. G W Wilkinson

Licensed Embalmer No. 3575

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.