. 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

FILED MAR 11 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 7148
Registrar's No. 2019

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Barnes Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0-0-0
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4154 Maffitt Ave. 9
(If rural, give location) 11 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANTONINA (Anna) Ventimiglia
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Vito
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 6, 1886 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
61	10	20	hr. min.

9. Birthplace Terrasini (City, town, or county) Italy 5 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Vito Ventimiglia 5
13. Birthplace Italy (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rosa Palazzolo 5
15. Birthplace Italy (City, town, or county) (State or foreign country)
16. (a) Informant Laura Cambino
(b) Address 4154 Maffitt Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 1-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director P. Miceli & Sons
(b) Address 1150 N. Kingshighway
19. (a) FEB 27 1948 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26
year 1948 hour 8 minute 45 A.M.
21. I hereby certify that I attended the deceased from February 25, 1948, to February 26, 1948
that I last saw her alive on February 26, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Acute myocardial infarction and Bronchopneumonia	
Due to	
Due to	
Other conditions (include pregnancy within 3 months of death) Diabetes mellitus	
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 F R Bradley (M. D. or other)
Address Barnes Hospital, Date signed 2/26/48

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 Ernest W. Spillard

Licensed Embalmer No. 4080

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.