

FILED MAY 11 1948 318

Registration District No. 1003

Registrar's No. 4095

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 5216 Sattison Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Das
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5216 Sattison Ave
13 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME CELESTINA CAIMI

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. (a) Sex female (b) Colour white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Santoro Caimi 6. (c) Age of husband or wife if alive 18 1/2

7. Birth date of deceased June 15 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 14 If less than one day
hr. min. 5

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

10. Usual occupation.....

11. Industry or business House wife

12. Name Maria Naggi

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

14. Maiden name Maria Bisone

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

16. (a) Informant Mrs. Sours Caimi

(b) Address 5216 Sattison Ave

17. (a) burial (b) Date thereof May 3
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection

18. (a) Signature of funeral director Carl C. Calabrese

(b) Address 5142 Daggett Ave

19. (a) APR 30 1948 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th
year 1948 hour 6 minute 10 A.M.

21. I hereby certify that I attended the deceased from April 12, 1948, to April 29, 1948
that I last saw her alive on April 28, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia Rt Duration 17 days

Due to arteriosclerosis Cerebral

Due to.....

Other conditions (Include pregnancy within 3 months of death) 83

Major findings: Of operations.....

Of autopsy.....

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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

Signature Charles Montani (M. D. or other) MD
Address 5147 Daggett Ave Date signed 4-29-48

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.....

Samuel Calatara

.....
Licensed Embalmer No.....

2376

P. O. Address.....

5140 Daggett

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.