. S. No. 300
0M—10-47
ev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 14011

Registrar's No. 3694

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: 2728 Sulphur Ave. (If not in hospital or institution, write street number or location)

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

In this community Nov. 1947

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 2728 Sulphur Ave. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ~~Angela DiCorso~~ Angeline D. Corso

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. 26 ~~1868~~ 1867 (Month) (Day) (Year)

8. AGE: Years 80 ~~79~~ Months 4 Days 22 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 Mariano Dattilo
13. Birthplace Italy (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rose Unknown
15. Birthplace Italy (City, town, or county) (State or foreign country)

16. (a) Informant Charles Corso
(b) Address 2728 SULPHUR.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 19 1948 (Month) (Day) (Year)
(c) Place: burial, cremation Bridgeport, Connecticut

18. (a) Signature of undertaker Bernard Michaels
(b) Address 1431 Union Blvd.

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

CORR. BY MOTHER Aug. 18 1949

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1948 hour 12 minute 30 p. m.

21. I hereby certify that I attended the deceased from 1-1-47 4-18-48, 19, to, 19; that I last saw him alive on 4-18-48, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Degen and Clot

Due to: Intracellular amyloidosis

Due to: Coronary Sclerosis Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN: Underline the cause to 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 R K Andrews (M. D. or other) 4-19-48

Address Beaumont Bldg. Date signed

(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. Spillers

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.

BC
C

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 14011
Local Registrar's No. 3694

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of ~~birth~~ death
for Angelo D. Corso, ~~born~~ died 4-18-, 19 48 in the State of
Missouri, and which was filed at ..... on ....., 19..., should be corrected as follows:

Item No. 3a should read Angelo D. Corso.
Instead of Angela De Corso.

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Chris Schmittel funeral director
Relationship
1431 Union —
Present Address.

Subscribed and sworn to before me this 11 day of May, 1948

My Commission expires 3-4-49. Ellen Padlock Notary Public.

Form V. S. 135
50M—4-43
I X36667

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
City of St. Louis } ss.

State File No.
Local Registrar's No. 3694

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 1st day of July, 1948, before me appears Frank H. Niehaus, who, upon oath, states that the original record of ~~birth~~ death for Angeline D. Corso, died ~~born~~ 4-18-48, 19, in the State of Missouri, and which was filed at on , 19 should be corrected as follows:

Item No. 3 should read Angeline D. Corso
Instead of Angelo " "

Item No. 7 should read 11-26-1867
Instead of " " 1868

Item No. 8 should read 80-4-22
Instead of 79-4-22

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Frank H. Niehaus
Affiant
Relationship.

1431 Amon Blvd
Present Address.

Subscribed and sworn to before me this 1st day of July, 1948

My Commission expires May 20, 1951 Walter E. Koch Notary Public.

Form V. S. 135
50M—8-43
I X37817

25-14011