S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAY 11 1948

Registration District No. 318 Primary Registration District No. 1003

State File No. 14372

Registrar's No. 4161

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

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: Jewish Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks (Specify whether In this community 48 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4838 Leduc Pl. (If rural, give location) 9

6 0

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

If yes, name country

3. (a) PRINT FULL NAME Agostina Lombardo

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Antonio

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April (Month) 30 (Day) 1898 (Year)

8. AGE: Years 50 Months 0 Days 0 If less than one day hr. min.

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

10. Usual occupation Housewife Italy

11. Industry or business Housewife

FATHER

12. Name August Catanzaro

13. Birthplace Termine Imnesese (City, town, or county) Italy (State or foreign country) 5

MOTHER

14. Maiden name Maria Rocca

15. Birthplace Termine Imesese (City, town, or county) Italy (State or foreign country) 5

16. (a) Informant Antonio Lombardo

(b) Address 4838 Ledue Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date there MAY 4 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director P. Miceli & Sons

(b) Address 1150 N. Kingshighway

19. (a) MAY 3 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1948 hour 6 minute 30 p. M.

21. I hereby certify that I attended the deceased from March 5, 1948 to April 30, 1948; that I last saw her alive on April 30, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Embolism	3 min
Due to: Thrombosis left iliac artery	4 days
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None

Of autopsy: Primary cause of infection unable to determine

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

Address 1225 No. Grand Date signed 5-1-48

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.....Philip A Mirch.....

Licensed Embalmer No.....4427.....

P. O. Address.....St. Louis Mo.....

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.