

#86860

FEDERAL SECURITY AGENCY
National Office of Vital StatisticsMISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21130

FILED JUL 15 1948

Registrar's No. 5949

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (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: St. Louis City Hospital-Max C. Starkloff
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME FRANCIS MANGIAPANELLO

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

4. Sex F 5. Color or race W 6. (a) ~~Single, widowed, married,~~
~~divorced~~ Widowed
 6. (b) Name of husband or wife Giuseppe 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased May 18 1881
 (Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 13 If less than one day
 hr. _____ min. _____9. Birthplace PARTINICO Italy 5
 (City, town, or country) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Giuseppe Catarinichia13. Birthplace Italy
 (City, town, or country) (State or foreign country)14. Maiden name ANNA Clark15. Birthplace Italy
 (City, town, or country) (State or foreign country)16. (a) Informant Joe Mangiapanello(b) Address 2508 Cass Ave17. (a) BURIAL (b) Date thereof 7/6/48
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director MICELLI & SONS(b) Address 1150 N. Kings Highway19. (a) JUL 3 1948 (b) Shadeau
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
 (c) City or town ST. LOUIS 11
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2508 Cass Ave 9
Memorial (If rural, give location) 0
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st
 year 1948 hour 6 minute 35 P.M.21. I hereby certify that I attended the deceased from 6/25/48
 _____, 19____, to July 1st, 1948;that I last saw her alive on July 1st, 1948

and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of Duration
branch of right middle
cerebral artery 4 weeksDue to Arteriosclerosis yearsArteriosclerotic heartdisease

Other conditions _____

(Include pregnancy within 3 months of death) 0/0

Major findings: _____

Of operations _____

Of autopsy Same

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 1515 Lafayette 7/2/48 or other) _____Address Walter B. Miller M.D. Date signed _____

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..... *Anthony J. Muli*

Licensed Embalmer No. *4277*

P. O. Address..... *St. Louis*

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.