

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 27607  
Registrar's No. 7113

Registration District No. 318

Primary Registration District No.

WRITE PLAINLY—USE 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:  
4930 Terry Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Teresa Corona.

3. (b) If veteran, None name war \_\_\_\_\_  
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 Dec. 26. 1860  
(Month) (Day) (Year)

8. AGE: Years 87 Months 7 Days 16  
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 \_\_\_\_\_

12. Name Joseph Cigalini

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

14. Maiden name Dinlia Camoratti  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Jennie Redcliffe

(b) Address 4930 Terry Ave.

17. (a) Burial (b) Date thereof Aug. 16. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Samuel Nickerson

(b) Address 1135 Union Blvd.

19. (a) AUG 13 1948 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4930 Terry Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12  
year 1948 hour 1 minute 07 p. m.

21. I hereby certify that I attended the deceased from 8-10-48  
to 8-12-48, 19\_\_\_\_; to 8-12-48, 19\_\_\_\_;  
that I last saw her alive on 8-10-48, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac failure  
Hy Hypertension in  
chronic myocarditis  
Due to \_\_\_\_\_ years  
Due to \_\_\_\_\_ years

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: none  
Of operations \_\_\_\_\_

Of autopsy none  
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? \_\_\_\_\_

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

23. Signature Anthony V. Benincasa (M. D. or other) MD  
Address 6153rd National Bridge Date signed 8-12-48

SEP 18 1950

6113-4 M Boney

**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 Blair R. Cadwell  
Licensed Embalmer No. 4077

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.**