V. S. No. 300
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Rev. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37949

FILED DEC 8 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9903

875

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

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

(d) Street No. 5210 Daggett Ave
(If rural, give location)

(e) Citizen of foreign country? 13 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARY CALCATERRA

3. (b) If veteran, name war no

3. (c) Social Security No. 488-07-2701

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Joseph

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

7. Birth date of deceased Aug 6 1912
(Month) (Day) (Year)

8. AGE: Years 36 Months 3 Days 7 If less than one day hr. min.

9. Birthplace St Louis Mo D
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Antonio Garavaglia
13. Birthplace Italy 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rose Frattini
15. Birthplace Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Calcaterra
(b) Address 5210 Daggett

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

(c) Place: burial or cremation Ressurection

18. (a) Signature of funeral director Paul C Calcaterra
(b) Address 5140 Daggett Ave

19. (a) NOV 15 1948 (b) J B Losater
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12th
year 1948 hour 6:00 minute P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Starvation following Stenosis of Esophagus; Gastrostomy.

Due to As a result of swallowing Drano in her home on

Due to July 30 1948 about 4:00 o'clock P.M.

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) Accident

(b) Date of occurrence July 30, 1948

(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home 3
(Specify type of place)

While at work? no (e) Means of injury see above

23. Signature Patrick E Taylor Dep Cor (M. D. or other)

Address 1300 Clark Date signed 11-15-48

(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 Paul C Calcaterra

Licensed Embalmer No. 2376

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.