

FILED AUG 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27921  
Registrar's No. 6868

318

1003

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 27921		Registrar's No. 6868	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN ST. LOUIS,				c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, 11			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1516a EAST GRAND AVE				d. STREET ADDRESS (If rural, give location) 9 1516 a EAST GRAND AVE 10					
3. NAME OF DECEASED (Type or Print)		a. (First) ANNA		b. (Middle) _____		c. (Last) CENATIEMPO		4. DATE OF DEATH (Month) (Day) (Year) AUG, 6, 1949	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 1/15/1886		9. AGE (In years last birthday) 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) ITALY 5				12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME PHILIP FERRANDINO			13b. MOTHER'S MAIDEN NAME FRANCES D'AMBRA			14. NAME OF HUSBAND OR WIFE BEN CENATIEMPO			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS BEN CENATIEMPO 1516 a EAST GRAND AVE					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis ANTECEDENT CAUSES Chronic Myocarditis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) MO		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H222							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:21 P. m., from the causes and on the date stated above.									
23a. SIGNATURE _____ (Degree or title)				23b. ADDRESS 1300 Clark				23c. DATE SIGNED 8/8/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8/9/49		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI			
DATE REC'D BY LOCAL AUG 8 1949		REGISTRAR'S SIGNATURE J. J. [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AVE				

**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 \_\_\_\_\_

.....  
working under my personal supervision. ..

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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.