

FILED DEC 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38579

9961

|   |  |   |   |  |  |  |  |
|---|--|---|---|--|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. 318  |   | PRIMARY REG. DIST. NO. 1003  |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY _____ |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>   |  | c. LENGTH OF STAY (in this place) _____   |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>                                |  | d. STREET ADDRESS (If rural, give location) <u>7 5954 HARNEY</u>                 |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Malcom Bliss Hospital</u>  |  |   |   | d. STREET ADDRESS (If rural, give location) <u>7 5954 HARNEY</u>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Marie</u> b. (Middle) _____ c. (Last) <u>Catanzaro</u>   |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18 1949</u> |  |  |  |  |
| 5. SEX <u>Female</u>  |  | 6. COLOR OR RACE <u>White</u>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>  |  | 8. DATE OF BIRTH <u>JUNE 29, 1874</u>  |  |
| 9. AGE (In years last birthday) <u>75</u>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY _____  |  | 11. BIRTHPLACE (State or foreign country) <u>ITALY</u>                           |  |
| 12. CITIZEN OF WHAT COUNTRY? _____  |  | 13a. FATHER'S NAME <u>GUS LAZZARO</u>   |   | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>SAM CATANZARO</u>                                 |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>  |  | 16. SOCIAL SECURITY NO. <u>NONE</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Kate Laccaro 5954 Harney</u>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of right humerus</u><br>suffered in fall at City<br>Hospital about a month ago<br>DUE TO (b) <u>exact time and date unknown</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS <u>Lobar Pneumonia</u><br>Conditions contributing to the death but not related to the disease or condition causing death. |   |  |  | INTERVAL BETWEEN ONSET AND DEATH _____   |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>  |   |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT (Specify) <u>Accident</u>   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>City, Miss</u>  |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo 106</u>  |  |  |  |
| 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? <u>WOB</u>  |  |  |  |
| 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 <u>5:40 P. m.</u> , from the causes and on the date stated above. <u>MD</u> |  |   |   |  |  |  |  |
| 23a. SIGNATURE (Degree or title) <u>Joseph M. Quinn, D. P. M.</u>   |  |   |   | 23b. ADDRESS <u>1300 Clark</u>   |  | 23c. DATE SIGNED <u>11/19/49</u>   |  |
| 24a. BURIAL/CREMATION REMOVAL (Specify) <u>BURIAL</u>   |  | 24b. DATE <u>Nov 22, 1949</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>St. Louis</u>                   |  |
| DATE REC'D BY LOCAL REG. <u>NOV 19 1949</u>   |  | REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Street Carroll 4600 Not D Bridge</u>   |  |  |  |

USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4366

*Just*

*[Handwritten mark]*

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

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Ben E Hoffman*

Licensed Embalmer No. *4366*

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.