No. 300
10.48

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

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6646

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1478

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8714 Partridge Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: JKC
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louiss
d. STREET ADDRESS (If rural, give location): 8714 Partridge Ave.,

3. NAME OF DECEASED (Type or Print)
a. (First): Josephine
b. (Middle):
c. (Last): Regna

4. DATE OF DEATH (Month) (Day) (Year): Feb 12th. 1950

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: June 9th ~~1884~~ 1886

9. AGE (In years last birthday): ~~65~~ 63 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Salvatore Catanzaro

13b. MOTHER'S MAIDEN NAME: Pauline Lopreto

14. NAME OF HUSBAND OR WIFE: Achille Regna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Anthony Balsano, 8714 Partridge

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) Brain tumor (giant cell) — INTERVAL BETWEEN ONSET AND DEATH: 2yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death chronic myocarditis — 1yr

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

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): 25/X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-15, 1949, *to* 2-12, 1950, *that I last saw the deceased alive on* 2-11, 1950, *and that death occurred at* 8:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Catherine L. Arnold M.D.

23b. ADDRESS: 1449 Mc Laran

23c. DATE SIGNED: 2/13/50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 2/15/50

24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

24d. LOCATION (City, town, or county) (State): St. Louis. Mo.

DATE REC'D BY LOCAL REG. FEB 14 1950

REGISTRAR'S SIGNATURE: J. B. Lassiter

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Diedrich F. Home, 8319 Hallsferry

(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~~ Me

.....,

working under my personal supervision.

Student Embalmer No.....

Signed: Edson R. H. Remelius

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 6646-50

State of Missouri } ss.
City County of St Louis

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1478

On this 7th day of June, 1950, before me appears Anthony Balsano, who, upon his oath, states that the original record of ~~birth~~ death for Josephine Pepsa, ~~born~~ died Feb-12, 1955, in the State of Missouri, and which was filed at St Louis on Feb-14, 1955, should be corrected as follows:

Item No. 8 should read June-9-1886
Instead of June 9-1884

Item No. 9 should read 63
Instead of 65

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Anthony Balsano — Son
Relationship.

8714 Partridge ave
Present Address.

Subscribed and sworn to before me this 7th day of June, 1950.

My Commission expires 2/11/53

Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
-8-43
X37817