S. No. 300
V. 10-48

MAZZONI

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

317

State File No. 18878

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1393

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7012 Clayton Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: 49
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights 4495
d. STREET ADDRESS (If rural, give location): 7012 Clayton Road

3. NAME OF DECEASED (Type or Print)
a. (First): Alcoque
b. (Middle): Mary
c. (Last): Mazzoni

4. DATE OF DEATH (Month) (Day) (Year): June 1, 1950

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 3, 1908
9. AGE (In years last birthday): 41 | 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): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Frank A. Langan
13b. MOTHER'S MAIDEN NAME: Matilda LeGuerrier
14. NAME OF HUSBAND OR WIFE: James J. Mazzoni
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: James J. Mazzoni
ADDRESS: 7012 Clayton Road

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) Carcinoma Breast, rt with Metastases — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) To lungs — 18 mos
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 70X

19a. DATE OF OPERATION: May '49
19b. MAJOR FINDINGS OF OPERATION: Carcinoma Breast with Metastases 170X
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):
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* May, 1949, *to* June, 1950, *that I last saw the deceased alive on* May, 1950, *and that death occurred at* 11.50P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Eugene Brickey
(Degree or title): M.D
23b. ADDRESS: Barnes Hospital, St. Louis.
23c. DATE SIGNED: 6/2/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-5-50
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REGISTRAR: JUN 2 1950
REGISTRAR'S SIGNATURE: Herbert P. Lomax, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Arthur J. Donnelly
ADDRESS: 3840 Lindell
(Licensed Embalmer's Statement on Reverse Side)

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

1005 [illegible] 1-3 [illegible]

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.....

Signed Thomas R. Fenwic

Signed.....
Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 3840 Lindel

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.