

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32020

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8039

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 4 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		e. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
3. NAME OF DECEASED (Type or Print) Concetta		d. STREET ADDRESS (If rural, give location) 6 1950 BURD AVE.	
a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Sept 19 1950
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 2	8. DATE OF BIRTH DEC. 8, 1883
9. AGE (In years last birthday) 66	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 MRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ITALY S	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ANTHONY RAGUSA	13b. MOTHER'S MAIDEN NAME MARIA BOLIZIA	14. NAME OF HUSBAND OR WIFE LATE DONATO A. ZARLENGA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS SAM ZARLENGA 1950 BURD 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RENAL INSUFFICIENCY ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DIGITALIS INTOXICATION DUE TO (c) HYPERTENSIVE CARDIO VASCULAR DISEASE		INTERVAL BETWEEN ONSET AND DEATH 2 weeks 2 weeks 5 - 6 yrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Hit 3X	
22. I hereby certify that I attended the deceased from Sept 15, 1950, to Sept 19, 1950 that I last saw the deceased alive on Sept 19, 1950, and that death occurred at 8:00p m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J.R. Bradley M.D.		23b. ADDRESS Barnes Hosp	23c. DATE SIGNED 9/20/50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE SEP. 23, 1950	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.
DATE REC'D BY LOCAL REG. SEP 22 1950	REGISTRAR'S SIGNATURE J.B. Lanter	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KRIEGSHAUSER 4228 S. KINGSHIGHWAY	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Student Embalmer

Signed *Richard W. Stovesand*

Licensed Embalmer No. *4007*

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.