

STANDARD CERTIFICATE OF DEATH

42264

State File No. 10708
Registrar's No.

FILED DEC 27 1950

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2199
d. FULL NAME OF HOSPITAL OR INSTITUTION 1161 Laclede Ave.			d. STREET ADDRESS (If rural, give location) 1161 Laclede Ave.		
3. NAME OF DECEASED (Type or Print) Mary		a. (First)	b. (Middle) Teresa	c. (Last) Canepa	4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1950
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 27, 1874	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days
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.
13a. FATHER'S NAME George Repetto		13b. MOTHER'S MAIDEN NAME Josephine Genocchio		14. NAME OF HUSBAND OR WIFE John G. Canepa	
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 Dr. Frances J. Canepa		
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHOPNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH 4 DAYS
			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. DIABETES MELLITUS, PARKINSONISM - 12 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 491X			
22. I hereby certify that I attended the deceased from MAY 20, 1945, to DEC. 14, 1950, that I last saw the deceased alive on DEC. 14, 1950, and that death occurred at 11:40 P. m., from the causes and on the date stated above.					
23a. SIGNATURE Edward J. Canepa, M.D.			23b. ADDRESS 2202 So. Broadway, St. Louis		23c. DATE SIGNED 12/15/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-16-50	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. DEC 15 1950		REGISTRAR'S SIGNATURE J. B. Fasaten		25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly	
				ADDRESS 3840 Lindell Blvd	

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 Thomas R. Fenwick

Signed.....
Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

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.