N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 1 1939 DEC'D MAY 1 1 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16089

File No.

Registered No. 655

1. PLACE OF DEATH

96 County St. Louis

Township Carondelet

City Lemay

Registration District No. 784

Primary Registration District No. 200

(No. Mt. St. Rose Sanitarium St. Ward)

594

2. FULL NAME Mary D'Angelo

(a) Residence, No. 2114 Edwards St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9, 1919

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
19	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 0

FATHER

13. NAME Chas. D'Angelo 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER

15. MAIDEN NAME Rose Fasulo 7

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT Calogero D'Angelo
(ADDRESS) 2114 Edwards

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter & Paul DATE April 12, 1939

19. UNDERTAKER P. Micell & Son
(ADDRESS) 1150 No. Kingshighway Bl

20. FILED APR 1 1 1939 R. Meyer M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1939.

22. I HEREBY CERTIFY, That I attended deceased from 10-28, 1938, to April 9, 1939.

I last saw h.er alive on April 9, 1939. Death is said to have occurred on the date stated above, at 8:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Far Advanced Pulmonary Tuberculosis	1937

23

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C. E. Gerson, M. D.

(Address) 9101 S. Broadway ave St. Louis, Mo.

BC

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse si
of this certificate was embalmed by me, or by _____
Registered Apprentice No. _____ working under my supervision.

Signed. Arnold W. Schoene
Licensed Embalmer No. 3864
P.O. Address St. Louis, Mo.