

NOV 13 1939

791

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2641 BRANNON
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days 11 9

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL")
(d) Street No. 2641 A Brannon
(If rural, specify location) BRANNON
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME SAVERIA CAPRIGLIONE

8. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex female 5. Color or race white 8. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Joseph Caprighoni 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 23 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>1</u>	<u>17</u>	hr. _____ min.

9. Birthplace Italy
(City, town, or county) (State or foreign country)

10. Usual occupation house work

11. Industry or business _____

12. Name unknown

13. Birthplace Italy
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Finca Caprighione

(b) Address 2641 A Brannon

17. (a) Burial (b) Date thereof Oct 11 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Church

18. (a) Signature of funeral director Luigi C. Calceola

(b) Address 5142 Dagg St

19. (a) OCT 10 1939 (b) [Signature]
(Date of final registration) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Oct. day 8
year 1939 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from 10/1/39 to 10/8/39
that I last saw her alive on 10/6/39
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular
1935

Due to Coronary thrombosis 10/1/39

Due to Apoplexy

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work (e) Means of injury _____

23. Signature [Signature] (M. D. _____)

Address 2606 S. Kings Highway Date signed 10/9/39

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.

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.

....., Registered Apprentice No.

Signed.....

Paul C. Calceator

Licensed Embalmer No. *7376*

P. O. Address *5142 Duquesne*

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, above space should be left blank.