

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38275
10114
Registrar's No.

77 DEC 13 1939
Registration District No. 291

Primary Registration District No. _____

1. PLACE OF DEATH: 1078
(a) County _____
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: St. Ann's Hospital
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 5301 Page Blvd.
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Mary Avena 150
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Antone 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 29 1862
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 26 year 1939 hour 7 minute 15 P. M.
21. I hereby certify that I attended the deceased from June 1, 1937 to Nov. 26, 1939
that I last saw her alive on Nov. 26, 1939 and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 10 Days 27 If less than one day _____ hr. _____ min.
9. Birthplace Italy (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
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)

Immediate cause of death Coronary thrombosis Duration 2 days
Due to arterio-sclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER
16. (a) Informant's own signature Alexander Avena
(b) Address 9014 Pilot Ave.
17. (a) REMOVAL (b) Date thereof 11-29-39
(c) Place: burial or cremation With Deacon
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.
19. (a) NOV 27 1939 (b) J. B. [Signature]
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no.
(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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Dr. J. Langens, Jr. (M. D. or other)
Address 5803 Elymouthe w. Date signed Nov 27/39

PHYSICIAN
Underline the cause to which death should be charged statistically

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Guy W. Wilkinson*.....
Licensed Embalmer No..... *3575*.....
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, above space should be left blank.