. S. No. 2
I—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13516

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 3718

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 29II Brannon Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether In this community years, months or days) Yes

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 13 (If outside city or town limits, write "RURAL")

(d) Street No. 29II Brannon Ave (If rural, give location)

(e) If foreign born, how long in U. S. A. About 30 years.

3. (a) PRINT FULL NAME Caroline De Cecco 27D

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John De Cecco

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. 22 (Month) 1875 (Day) (Year)

8. AGE: Years 64 Months 7 Days 2 If less than one day hr. min.

9. Birthplace Milano Italy (City, town, or county) 1 (State or foreign country)

10. Usual occupation House

11. Industry or business Wife 7

FATHER
12. Name John Carneghi 7
13. Birthplace Italy (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Cerriotti
15. Birthplace Italy (City, town, or county) (State or foreign country)

16. (a) Informant Louis Venegoni

(b) Address 2911 Brannon Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4.27.40 (Month) (Day) (Year)

(c) Place: burial or cremation Old st. Peter & Paul

18. (a) Signature of funeral director Paul Calcaterra

(b) Address 5142 Daggett Ave

19. (a) APR 24 1940 (Date received local registrar) (b) J. F. Bradack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1940 hour 12 30 minute A. M.

21. I hereby certify that I attended the deceased from April 12, 1940, to April 24, 1940 that I last saw h. n alive on April 23, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis, Chemic Cardiac Hypertrophy	5 yrs
Due to Mitral regurgitation	
Due to —	
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) 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred M. Langenbach (M. D. ~~or other~~)

Address 5427 Southwest Ave Date signed April 24/40

(Licensed Embalmer's Statement on Reverse Side)

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.