

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town **St. Louis**
 (c) Name of hospital or institution: **5239 Pattison Ave**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **Yes**
 years, months or days

3. (a) PRINT FULL NAME **Maria Barbata**

8. (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 **Married**

6. (b) Name of husband or wife **Joseph Barbata**
 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **Dec. 9 1872**
 (Month) (Day) (Year)

8. AGE: Years **59**
 Months **6**
 Days **16**
 If less than one day hr. **4** min.

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

10. Usual occupation **House**
 (City, town, or county) (State or foreign country)

11. Industry or business **Wife**

12. Name **Gnazio Buffalo**

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

14. Maiden name **Antonetta Stada**
 15. Birthplace **Italy**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Barbata**
 (b) Address **5239 Pattison Ave**

17. (a) **Burial**
 (Burial, cremation, or removal) (b) Date thereof **6. 29 / 40**
 (Month) (Day) (Year)

(c) Place: burial or cremation **old St. Peter Paul**

18. (a) Signature of funeral director **Paul C. Calcaterra**
 (b) Address **5142 Doggett Ave**

19. (a) **JUN 27 1940** (b) **J. F. Bredeck**
 (Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **5239 Pattison Ave**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **About 30 Years** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **25**
 year **1940** hour **11** minute **9** M.

21. I hereby certify that I attended the deceased from **6/15/40**
 to **6/25** 19**40**
 that I last saw her alive on **6/24** 19**40**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**

Due to **Ch Interstitial Nephritis**

Due to **Diabetes mellitus**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? _____

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

23. Signature **L. A. Melchior** (M. D. or other) _____
 Address **2608 S. Ferguson Highway** Date signed **6/27/40**

Duration

6 days

?

?

?

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Paul Calcaterra

Licensed Embalmer No. *2376*

P. O. Address *5142 Daguerre*

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.