

SEP 25 1940

Registration District No. 791

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. John's Hospital  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Yes years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(d) Street No. 5131 Pattison Ave  
(e) If foreign born, how long in U. S. A.? About 35 years.

3. (a) PRINT FULL NAME Angelo Garegnani 125

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emilia Rossi 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Dec. 1, 1876

8. AGE: Years 63 Months 8 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Italy

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Luigi Garegnani

13. Birthplace Italy

14. Maiden name Carolina Garegnani

15. Birthplace Italy

16. (a) Informant Mrs Emilia Garegnani

(b) Address 5131 Pattison Ave

17. (a) Burial (b) Date thereof 8-14-40

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

18. (a) Signature of funeral director Charles Montani

(b) Address 1926 N. Marconi Ave

19. (a) AUG 13 1940 (b) \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11 year 1940 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec. 5, 1936 to aug 11, 1940 and that I last saw him alive on aug 10, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular-Renal means - Arteriosclerotic type

Other conditions Pulmonary Fibrosis advanced

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

23. Signature Charles Montani (M. D. or other) MD  
Address 1926 N. Marconi Ave Date signed 8-13-40

**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 Dagget

**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, fact should be so stated above.**