

No. 2
4-13-40
5-17-39
DI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36977

State File No. 9250

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No.

FILED DEC 11 1940

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of rural area)
(c) Name of hospital or institution: Infirmary City Hospital
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 14
(If outside city or town limits, write "RURAL")
(d) Street 5331 Wilson Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? 10 Years years.

3. (a) PRINT FULL NAME Anna Delia
(b) If veteran, name war. NO (c) Social Security No. NO

20. DATE OF DEATH: Month 11 day 9-40
year 1940 hour _____ minute 4:30 A.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Salvatori Delia 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased April 10, 1904
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
36 6 29 hr. min.

Immediate cause of death Acute Myocarditis
Due to _____
Due to _____

9. Birthplace Italy
(City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business _____
12. Name Joseph Marfia
13. Birthplace Italy
(City, town, or county) (State or foreign country)
14. Maiden name Mariana Lanigro
(City, town, or county) (State or foreign country)
15. Birthplace Italy
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 93C
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Salvatori Delia
(b) Address 5331 Wilson Ave
Burial
17. (a) _____ (b) Date thereof Nov. 12, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter Church
18. (a) Signature of funeral director Sam C. Calabro
(b) Address 5142 Daggett Ave
19. (a) NOV 11 1940 (Date received local registration) (Registrar's signature)

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)
Means of injury _____
23. Signature Edmund J. Jones (M. D. or other) _____
Address _____ Date signed 11/11/40

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

MOTHER FATHER

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 C. Calcaterra

Licensed Embalmer No. 2376

P. O. Address 5142 Daggett

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.