

FEB 28 1941
Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis, MO.**
(b) City or town **St. Louis, MO.**
(c) Name of hospital or institution **Faith 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

3. (a) PRINT FULL NAME **Ada Ceccarini**

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 Ceccarini** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **Feb. 25, 1878**
(Month) (Day) (Year)

8. AGE: Years **62** Months **10** Days **20** If less than one day
hr. min.

9. Birthplace **Italy** **5 7**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business **House Wife**

MOTHER FATHER {
12. Name **Unknown**
13. Birthplace **Italy** **5**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Italy** **5**
(City, town, or county) (State or foreign country)

16. (a) Informant **Floyd Ceccarini**

(b) Address **1525 Semple Ave**
Burial

17. (a) _____ (b) Date thereof **F. 17, 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Paul J. Ceccarini**

(b) Address **5122 Daggert Ave**

19. (a) **JAN 16 1941** (b) **J. H. Brubaker**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis, MO.** **176**
(If outside city or town limits, write "RURAL")
(d) Street No. **1525 Semple 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 **Jan.** day **14** year **1941** hour **7:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **1/12/41** to **Jan. 14 1941**
that I last saw **her** alive on " " " " 19 **41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Ca of breast** Duration **yes?**
general carcinomatous.

Due to _____
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) _____
(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 **A. J. Signorelli** (M. D. or other) _____
Address **1829 Cass** Date signed **1/16/41**

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

Raul 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.