

MED MAR 25 1941

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **1372**

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town _____
 (c) Name of hospital or institution: **St. John's Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **4 Days**
 (Specify whether
 In this community _____
 years, months or days) **Perone**

3. (a) PRINT FULL NAME Vincenza Perrone

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

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Antonino** 6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **December 25 1876**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 1 13 hr. min.

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

10. Usual occupation **Housewife.**

11. Industry or business

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

16. (a) Informant's own signature **pe Perrone**

(b) Address **4036 N Grand**

17. (a) **Burial** (b) Date thereof **Feb. -19-41**
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **P. Nicoli-Son**

(b) Address **1150 N Kingshighway, Blvd.**

19. (a) **FEB 11 1941** (b) **St. Wredeck**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
 (c) City or town **St Louis** **17 16**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **4040 1/2** No. **Grand** **9**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. **29** **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **8th**
 year **1941** hour **9:00** minute **P. M.**

21. I hereby certify that I attended the deceased from **Feb.**
4, 1941, to **Feb. 8**, 1941,
 that I last saw him alive on **Feb. 8**, 1941,
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral**
arterial disease

Due to _____

Due to _____

Other conditions _____
 (Includes 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)
 (e) Means of injury _____

23. Signature **Walter A. Dill** (M. D. or other) **MD**

Address **7346 Manchester** Date signed **2/10/41**

Duration **not known**

PHYSICIAN
 Underline the cause to which death should be charged statistically.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Arnold W. Schoene

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, Mo.*

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.