No. 2
-13-40
17-39
X23159

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

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9197

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2607

1. PLACE OF DEATH: St. Louis, Mo.

(a) County

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution City Sanitarium 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 mos. 4 days (Specify whether

In this community 34 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 13 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 5124 Pattison Ave. (If rural, give location) 9

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME CONCETTA FAILLA (FIALLA)

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 Married

6. (b) Name of husband or wife Salvatore Failla

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased July 28, 1886 (Month) (Day) (Year)

8. AGE: Years 54 Months 7 Days 21 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business Housework

FATHER
12. Name Lawrence Dolci
13. Birthplace Unknown (City, town, or county) 5 Italy (State or foreign country)

MOTHER
14. Maiden name Iganzia Cacchioro
15. Birthplace Unknown (City, town, or county) 5 Italy (State or foreign country)

16. (a) Informant Loyola Diggendorf

(b) Address 5300 Arsenal St

17. (a) (Burial, cremation, or removal) (b) Date thereof 3/25/41 (Month) (Day) (Year)

(c) Place: burial or cremation St Peter's Cem Ave

18. (a) Signature of funeral director Paul C Calcaterra

(b) Address 5142 Daggett ave

19. (a) MAR 24 1941 (Date received local registrar) (b) J. W. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 year 1941 hour 11:10 a.m. minute a.M.

21. I hereby certify that I attended the deceased from 7-1-39, 19__, to 3-21-41, 19__; that I last saw her alive on 3-21-41, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage 11-18-40x	
Due to Hypertension 11-18-40x	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

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 0

23. Signature A. K. Busch (M. D. ~~or other~~)

Address City Sanitarium Date signed 3/22/41

(Licensed Embalmer's Statement on Reverse Side)

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 Av

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.