

STANDARD CERTIFICATE OF DEATH

State File No. 9281

Registrar's No. 2691

Registration District No. _____

Primary Registration District No. _____

1003

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: 4010 Meramec St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 54 years
years, months or days

3. (a) PRINT FULL NAME Josephine Canova

3. (b) If veteran, name war ----

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Rosario Canova

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

7. Birth date of deceased December 20, 1861
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>79</u>	<u>3</u>	<u>4</u>	hr. _____ min.

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

10. Usual occupation Home

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown Italy
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Canova

(b) Address 4002 Meramec St.

17. (a) Burial (b) Date thereof 3/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O.S.S. Peter & Paul

18. (a) Signature of funeral director Wacker-Jeldnerle

(b) Address 2331 S. Broadway

19. (a) MAR 25 1941 (b) J. W. Bredeck
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 16

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

(d) Street No. 4010 Meramec St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 24
year 1941 hour 2 minute a. M.

21. I hereby certify that I attended the deceased from January, 1937 to March 18, 1941; that I last saw her alive on March 15, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death malnutrition - myositis chronic

Due to Parkinson's Disease - malnutrition caused

Due to by Parkinson's disease

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 93d

Of autopsy 93c

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? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 737 University Club Bldg. Date signed 3/24/41

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.....

Frank J. England

Licensed Embalmer No.....

2645

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, fact should be so stated above.