

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17050
4568
Registrar's No.

Registration District No. 791 Primary Registration District No. 1003

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:
4916 Devonshire Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 080
(c) City or town St. Louis 1417
(If outside city or town limits, write "RURAL")
(d) Street No. 4916 Devonshire Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lena Calcaterra
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 30th
year 1941 hour 3:10 minute A.M. M.
21. I hereby certify that I attended the deceased from Jan 5 - 1941
..... 19..... to May 30 1941;
that I last saw her alive on 5-30-41
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Late John Calcaterra
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased June 25th 1878
(Month) (Day) (Year)

Immediate cause of death.....
Chronic nephritis
Due to ulcers of stomach & duodenum
Secondary anemia
Due to.....

8. AGE: Years Months Days If less than one day
62 11 5 hr. min.

Other conditions none
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife

11. Industry or business.....
12. Name Angelo Calcaterra
13. Birthplace Italy
(City, town, or county) (State or foreign country)
14. Maiden name Amelia Mallolio
15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Amelia Miles
(b) Address 4916 Devonshire Ave.

17. (a) Burial (b) Date thereof 6-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuar
(b) Address So. Kingshighway Blvd.

19. (a) (Date received local registrar) (b) G. J. Brudek
(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?

23. Signature D. C. Pfeiffer (M. D. or other) 1
Address 4523 S Kingshighway Date signed 7/20/41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

0
7
9

MAY 31 1941

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..... *Edwin M. Bernath*.....
Licensed Embalmer No..... *3024*.....
P. O. Address.....

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.