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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 22 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37239

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 9469

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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)
In this community 37 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3214a. University Street.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Grace Caroncino

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 Silvestro Caroncino

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased December (Month) 25 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
63	11	3	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Vito Licavoli
13. Birthplace Terrasini (City, town, or county) Italy (State or foreign country)

MOTHER
14. Maiden name Benedetta Perna
15. Birthplace Terrasini (City, town, or county) Italy (State or foreign country)

16. (a) Informant Fred W. Graff
(b) Address 3949 A. Maffitt

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 1 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Miceli Son
(b) Address 1150 N. Kingshihhway Blvd.

19. (a) NOV 29 1941 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28 year 1941 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov. 25 1941, to Nov. 28 1941; that I last saw her alive on Nov. 28 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peritonitis	
Due to perforated appendix	
Due to	
Other conditions (Include pregnancy within 3 months of death) diabetes	

Major findings: Of operation Perforated appendix & peritonitis. Ventral hernia.
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 Geo. Arlin Jr. (M.D. or other)
Address BARNES HOSPITAL Date signed 11-28-41

(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 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 the above constitutes grounds for revocation of license.)

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