

Registration District No. 7911

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:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 Days
(Specify whether _____)
In this community 27 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 030
(c) City or town St. Louis 21 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 1421 N. 24th Street
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8th
year 1941 hour 6¹⁰ minute A M.
21. I hereby certify that I attended the deceased from 2-19-
1940 to 12-8-1941
that I last saw her alive on 12-7- 1941
and that death occurred on the date and hour stated above.

Immediate cause of death:
Pulmonary embolism Duration 12/8/41
Due to Peritonitis, Pelvic 9 days
Due to Fibroid, Uterus 17 mo
non malignant
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations Hysterectomy for fibroid
Uterus 11-27-41
Of autopsy None
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) None
(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 Nicholas Stitale (M. D. or other) 12/8/41
Address 3861 St Louis Ave Date signed _____

3. (a) PRINT FULL NAME Vincenza Inzerillo (Zerillo)

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

4. Sex Female 5. Color or race White 6. (a) Single Married
divorced

6. (b) Name of husband or wife Filippo 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased October 10 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 1 28 hr. min.

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

10. Usual occupation Dress Finisher

11. Industry or business _____

12. Name Natale Candela

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

14. Maiden name Giuseppa Merabile

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

16. (a) Informant Filippo Inzerillo
(b) Address 1421 N 24 St

17. (a) Burial (b) Date thereof Dec. 11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Nichi - son
(b) Address 1150 N. Kingshighway

19. (a) DEC 11 1941 (b) J. F. Bruesch
(Date received local registration) (Registrar's signature)

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

260
17
9

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, fact should be so stated above.