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S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19433

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5223

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Days (Specify whether
In this community 27 years years, months or days)

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. 5216 St. Louis Ave. (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

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3. (a) PRINT FULL NAME Josephine Leonora Campana

3. (b) If veteran, name war

3. (c) Social Security No. 487-18-1457

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Simone

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased September (Month) 4 (Day) 1890 (Year)

8. AGE: Years 51 Months 9 Days 14 If less than one day ... hr. ... min.

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

10. Usual occupation Hand Sewing Co.

11. Industry or business Genelle Garment Co.

FATHER
12. Name Guiseppe Palazzolo
13. Birthplace (City, town, or county) Italy (State or foreign country) 5

MOTHER
14. Maiden name Caterina Amata
15. Birthplace Villa Frate (City, town, or county) Italy (State or foreign country) 5

16. (a) Informant Jim Campana
(b) Address 5216 St Louis Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June (Month) 22 (Day) 42 (Year)
(c) Place: burial or cremation Calvary Cemetery

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

19. (a) JUN 23 1942 (Date received local registrar) (b) J. F. Boudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18, year 1942 hour 7:40 minute P. M.

21. I hereby certify that I attended the deceased from June 5, 1942, to June 18, 1942 that I last saw her alive on June 18, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. myocarditis & auricular fibrillation	2 wks
Due to: & decompensation	
Cardiac enlargement	? yrs
Due to: Hypertension essential	? yrs
Other conditions (Include pregnancy within 3 months of death): Cerebrovasc. thrombosis, lt. ventriculosinate, obesity	3 mos.

Major findings:
Of operations
Of autopsy Refused

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 Leo J. Wade (M. D. or other)
Address 1515 Lafayette Avenue. Date signed 6/19/42

(Licensed Embalmer's Statement on Reverse Side)

Lic-ot

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.