

FILED SEP 18 1942

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No. 7401

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Anthony Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 Days
(Specify whether)
 In this community 34 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2612 Madison
(If rural, give location)
 (e) Citizen of foreign country? Yes (Yes or No)
 If yes, name country Italy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2d
 year 1942 hour 9:30 minute A.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Congestion
Fracture of right femur; suffered
when deceased tripped over door step
and fell to the concrete walk in the
rear yard of her home 2612 Madison
Str. on Aug. 27th, 1942, about
11:00 P.M. ACCIDENT.

Other conditions _____
(Include pregnancy within 8 months of death)

Major findings:
 Of operations _____

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) ACCIDENT
 (b) Date of occurrence 8-27-1942
 (c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
home.
(Specify type of place)

While at work? _____ Means of injury 3

23. Signature Thomas F. Callahan (M.D. or other)
 Address Deputy Coroner Date signed 9/17/42

3. (a) PRINT FULL NAME Antonina Titone

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, Widowed

6. (b) Name of husband or wife Francesco 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. August 15 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>0</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Pietro Cerasa

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

14. Maiden name Ciriaca Filippa

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

16. (a) Informant Jake Thome

(b) Address 2612 Madison

17. (a) Burial (b) Date thereof. Sept. 5-42
(Burial, cremation, or removal) (Month) (Day) (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) SEP 4 1942 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

JUL 30 1943

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.