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4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31921

State File No. _____
Registrar's No. 8532

Registration District No. 318

Primary Registration District No. 1003

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

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: Firman Deloge hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Weeks
(Specify whether _____)

3. (a) PRINT FULL NAME Mary FARACE
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / race White 5. Color or _____
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dominick Farace 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased September 8 Th 1892
(Month) (Day) (Year)

8. AGE: Years 48 Months 1 Days 5 If less than one day
hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Ignatzia Spicuzzi
13. Birthplace Italy
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Ramona
15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Nuncio Farace
(b) Address Baden Station R.R 66 1942

17. (a) Burial (b) Date thereof Oct. 16 Th 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary cemetery

18. (a) Signature of funeral director Edward Koch
(b) Address 3516 N 14 Th Str

19. (a) OCT 14 1942 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Baden Station R2R 66
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13
year 1942 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from August 31, 1942 to Oct. 13, 1942
that I last saw her alive on Oct. 12, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma of Scapula - primary site unknown
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

Duration

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?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Wm. C. Macdonald (M. D. number) _____
Address 1325 So. Grand Date signed 10-13-42

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..... *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address..... *732 Lemay Road*

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.