

FILED NOV 16 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9389

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:
1380 Arlington Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community 67 years
years, months or days)

3. (a) PRINT FULL NAME Clara Mary Perano.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow.

6. (b) Name of husband or wife Frank Perano. 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased June 16, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 4 23 ..hr. ..min.

9. Birthplace Jefferson County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework.

11. Industry or business.....

12. Name John Canepa.

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

14. Maiden name Rose Campadonica

15. Birthplace Italy. 3
(City, town, or county) (State or foreign country)

16. (a) Informant Virginia Perano

(b) Address 1380 Arlington Ave.

17. (a) Burial (b) Date thereof Nov. 11, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Bernie Melius

(b) Address 1431 Union Blvd.

19. (a) NOV 7 1942 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County.....
(c) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL")
(d) Street No. 1380 Arlington Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9
year 1942 hour 7 minute 30 a. M.

21. I hereby certify that I attended the deceased from Oct. 29
1942 to Nov. 9, 1942
that I last saw her alive on Nov. 8., 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 2 days

Due to General Arteriosclerosis 5 yrs.

Due to Chronic Interstitial Myocarditis, 15 yrs.

Other conditions.....
(Include pregnancy within 3 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).....
(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 Francis J. Canepa (M.D. or other) M.D.
Address 467 N. Taylor Ave. Date signed Nov. 9, 1942

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

MOTHER FATHER

*Mr. Carpenter
Director - 2-4*

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 *H F Rowland*
Licensed Embalmer No. *3124*
P. O. Address.....

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.