

FILE NOV 16 1942 318

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 9339

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:
1117 Hebert /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 46 years. (Specify whether 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. 1117 Hebert
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Roth

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 Married

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

7. Birth date of deceased July 16 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 3 20 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph Catanzaro

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

14. Maiden name Rosa Pattaflia

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

16. (a) Informant Joseph La Mantia

(b) Address 1117 Hebert St

17. (a) Rural (b) Date thereof Nov. 10-42
(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) NOV 9 1942 (b) J. F. Porelock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 6
year 1942 hour 11:55 minute _____ P.M.

21. I hereby certify that I attended the deceased from 10-13
1942 to 11 6 1942
that I last saw him alive on 11-6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration _____

Due to Clot in cerebral vessel.

Due to High Blood pressure

Other conditions Arteriosclerosis of Parathyroid gland
(Include pregnancy within 3 months of death) Arteriosclerosis

Major findings: None PHYSICIAN J. F. Porelock

Of operations _____ Underline the cause to which death should be charged statistically.
Of autopsy None

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 John S. Young (M. D. or other) MD

Address 12906 Haddley Date signed 11/7/42

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

DEC 7 - 1942

JUL 16 1942

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. Schene
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.