

S. No. 2  
M-5-42  
v. 5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38569

State File No. \_\_\_\_\_

FILED DEC 29 1942

Registrar's No. 10627

Registration District No. 218 Primary Registration District No. 1005

1. PLACE OF DEATH: St. Louis, Missouri  
(a) County  
(b) City or town  
(c) Name of hospital or institution: 2. City Sanitarium  
(d) Length of stay: In hospital or institution. 2 mos. 15 days.  
In this community. About 61 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 5237  
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME JOSEPHINE CARAFFA

MEDICAL CERTIFICATION

3. (b) If veteran, name war - (c) Social Security No. -

20. DATE OF DEATH: Month Dec. 19 1942 day 4:00 hour 4:00 minute P. M.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

21. I hereby certify that I attended the deceased from Oct. 5, 1942 to 12-19-42  
er 12-19-42  
that I last saw h. alive on 19. and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Ralph Caraffa 6. (c) Age of husband or wife if alive. years

Immediate cause of death: Arteriosclerosis (onset 10-5-42x). Duration

7. Birth date of deceased. March 15, 1881 (Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 4 If less than one day hr. min.

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

10. Usual occupation Housewife

Other conditions: Parkinson's Disease (Include pregnancy within 3 months of death) (Arteriosclerotic) 10-5-42). PHYSICIAN

11. Industry or business

12. Name Joseph Mercurio

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

14. Maiden name Frances Catanzaro

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

16. (a) Informant R. W. Wagoner, Jr. (b) Address 5400 Grand Blvd.

17. (a) Burial (b) Date thereof Dec 22-1942 (Month) (Day) (Year)

18. (a) Signature of funeral director Orehman, Pavel (b) Address 1905 Union Blvd. (c) Place: burial or cremation Calvary Cem.

Major findings: Of operations. Of autopsy. None

19. (a) (Date received local registration) (b) J. F. Bullock (Registrar's signature)

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?

23. Signature: J. F. Bullock (M. D. or other) Address: 5400 Grand Blvd. Date signed: 12-21-42

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

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**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..... *Robt. M. Sanford* .....

Licensed Embalmer No..... *2273* .....

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.**