

FILED JAN 13 1943 **318**

Registration District No. _____ Primary Registration District No. _____

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 2211a Mullanphy /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 32 years

3. (a) PRINT FULL NAME Crazia Ciamanco

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. Giuseppe **6. (c) Age of husband or wife if alive** 74 **years**

7. Birth date of deceased. October 20 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	2	9	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { **12. Name** Orlando Mercurio

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

14. Maiden name Francesca Pala77010

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

16. (a) Informant Charles Ciamanco

(b) Address 5577 Wells av.

17. (a) Burial **(b) Date thereof** Jan. 2-43
(Burial, cremation, or reinterment) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director. P. Nicol - son

(b) Address 1150 W. Kingshighway Blvd.

19. (a) _____ **(b)** J. P. Budek
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9

(d) Street No. 2211a Mullanphy
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
Italy
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 29 day 1944
year 1944 hour 5 pm minute _____ M.

21. I hereby certify that I attended the deceased from Dec 27
1944 to Dec 29, 1944

that I last saw her alive on Dec 29, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage.

Due to _____

Due to _____

Other conditions 8/8
(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)

(r) Means of injury _____

23. Signature J. P. Budek (M. D. or other)

Address 1873 **Date signed** Dec 30

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..... *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.