

FILED APR 23 1943  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3570

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

1. PLACE OF DEATH:

(a) County St Louis mo

(b) City or town St Louis mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St Johns Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County 17

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

(d) Street No. 5350 Daggitt Ave (If rural, give location)

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

3. (a) PRINT FULL NAME ANGELINA TORRETTA

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month april day 13<sup>th</sup>  
year 1943 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from march 20<sup>th</sup>, 1943, to april 13, 1943;  
that I last saw her alive on april 12, 1943;  
and that death occurred on the date and hour stated above.

4. Sex female 5. Color of race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Angelo Crest

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Jan 3 1880  
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 13 hrs

8. AGE: Years Months Days If less than one day  
63 3 10 hr. min.

Due to Hypertensive Cardiovascular disease 1 year.

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

10. Usual occupation House wife

Due to .....

Other conditions (Include pregnancy within 3 months of death) 93

MOTHER FATHER

11. Industry or business Retail Store Baldoni

12. Name Baldoni

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

14. Maiden name Maria Cassani

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

Major findings: Of operations .....

Of autopsy Cerebral hemorrhage

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Gus Torretta

(b) Address 5350 Daggitt Ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Apr 17 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation New St Peter & Paul

18. (a) Signature of funeral director Paul Calcatera

(b) Address 5142 Daggitt Ave

19. (a) APR 16 1943 (b) J. J. Bredack  
(Date received local registrar) (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? .....

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Charles Montani (M. D. or other) M.D.

Address 5147 Daggitt Ave Date signed 4-14-43

AT 11:00 AM 10/11/04

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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.....

*Sarif @ Calcutta*

Licensed Embalmer No.....

*2376*

P. O. Address.....

*5142 Day get*

**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.**