

FILED SEP 11 1943

Registration District No. 313

Primary Registration District No. 704

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

1. PLACE OF DEATH:

(a) County.....
(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:
De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 5 weeks
(Specify whether
In this community..... 42 Years in St. Louis.
years, months or days)

3. (a) PRINT FULL NAME BENADETTE REGINO

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 Widow

6. (b) Name of husband or wife..... Vincento Regino 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... Nov 9 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 9 10 hr. min.

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

10. Usual occupation..... At Home
11. Industry or business..... Housewife.

MOTHER FATHER { 12. Name..... John Micaglulo
13. Birthplace..... Italy 5
(City, town, or county) (State or foreign country)
14. Maiden name..... Unknown
15. Birthplace..... Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mary Polito
(b) Address..... 1112 Montgomery St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... Aug 31/43
(Month) (Day) (Year)

(c) Place: burial or cremation..... Cemetery
18. (a) Signature of funeral director..... The Ketter Son
(b) Address..... 2906 Gravois Ave.

19. (a) (Date received local registrar)..... (b) J. F. Busch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 26 JUL 17
(c) City or town..... St. Louis. 9
(If outside city or town limits, write "RURAL")
(d) Street No..... 1112 Montgomery St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Aug day..... 28
year..... 1943 hour..... 1 00 A.M. Minute..... M.

21. I hereby certify that I attended the deceased from..... July 28 1943 to..... Aug 28 1943
that I last saw him alive on..... Aug 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... Asbestos mesothelioma Duration

Due to..... Asbestos mesothelioma

Due to.....
Other conditions..... (Include pregnancy within 3 months of death) None

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..... W. H. Sewing (M. D. or other) W.H.S.
Address..... 2342 St. Louis Date signed..... 8/30/43

Dr. Fleming
242 St. Ann
OK 2013 2-3

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 W. Morris

Licensed Embalmer No. 3360

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.