

FILED APR 1 1944 318

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

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 2725

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis - Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Hosp: 2603 Macklind Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

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")  
(d) Street No. 2603 Macklind Avenue  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME ANGELO SERATI

3. (b) If veteran, name war No 3. (c) Social Security No N482-01-5741

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Rose Colombini 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased May 30, 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 9 21 hr. \_\_\_\_\_ min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Felici Serati  
13. Birthplace Italy 5  
(City, town, or county) (State or foreign country)  
14. Maiden name Josephine Rosana  
Italy  
15. Birthplace Italy 5  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rose Serati  
(b) Address 2603 Macklind Ave.

17. (a) Burial (b) Date thereof 3-23-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New SS. Peter & Paul Cem.

18. (a) Signature of funeral director Paul C. Calcaterra  
(b) Address 5142 Daggett Ave.

19. (a) MAR 22 1944 J. F. Boudock  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20<sup>th</sup>  
year 1944 hour 4 minute 30 P.M.  
A. I hereby certify that I attended the deceased from September 8<sup>th</sup> 1943 to March 20<sup>th</sup> 1944.  
that I last saw him alive on March 20 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Adeno-carcinoma of prostate gland 1 yr.  
Duration

Due to \_\_\_\_\_

Due to 51

Other conditions (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)  
(e) Means of injury \_\_\_\_\_

23. Signature Charles Montani (M. D. or other) M.D.  
Address 5147 Daggett Ave Date signed 3-21-44

**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 *Paul C. Calcaterra*

Licensed Embalmer No. 2376

P. O. Address 5142 Daggett

**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.**