

FILED JUN 23 1948

Registration District No. \_\_\_\_\_ - Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

5480

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Jewish Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 32 years (Specify whether years, months or days)  
 In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4212 Shreve  
(If rural, give location)  
 (e) Citizen of foreign country? Yes (Yes or No)  
 If yes, name country Italy

MO 179 79

3. (a) PRINT FULL NAME Mary Drago

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 Steve 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased August 21 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
49 9 24 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name Gaetano Mazzaresi  
 13. Birthplace Calatafimmino Italy  
(City, town, or county) (State or foreign country)  
 14. Maiden name Margherita di Simone  
 15. Birthplace Calatafemmina Italy  
(City, town, or county) (State or foreign country)

16. (a) Informant Steve Drago

(b) Address 4212 Shreve

17. (a) Burial (b) Date thereof June 19-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. McEl...  
1180 N. Kingshighway Blvd.

(b) Address JUN 17 1944

19. (a) JUN 17 1944 (b) J. F. Budick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1944 hour 4 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 4 1944 to June 15 1944  
 that I last saw w alive on June 15 and that death occurred on the date and hour stated above.

Immediate cause of death Death by heart failure  
 Due to \_\_\_\_\_

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Supper of kitchen  
shme out of pots -  
no autopsy  
 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 Harry Sanderson (M. D. or other) \_\_\_\_\_  
 Address 634 N. Grand Date signed 6-16-44

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

2  
3  
6  
7823

**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.**