

FILED JUN 30 1944Registration District No. **3148**Primary Registration District No. **1003**Registrar's No. **5667**

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:
1117 Bayard Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
45 years. (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME Antonina Erspamer

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 Matteo 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased June 22 1873
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 11 29 hr. min.

9. Birthplace Tyrol Austria
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business.....

12. Name Giuseppe Fusari
 13. Birthplace Tyrol Austria
 (City, town, or county) (State or foreign country)

14. Maiden name Andreoli Giacomina15. Birthplace Tyrol Austria
(City, town, or county) (State or foreign country)16. (a) Informant Matteo Erspamer(b) Address 1117 Bayard St17. (a) Burial (b) Date thereof June 26-44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director P. Stuli - Sons(b) Address 1150 N. Kingshighway19. (a) JUN 23 1944 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

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. 1117 Bayard Ave.
 (If rural, give location)
 (e) Citizen of foreign country? Yes. (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st
year 1944 hour 12 minute 45 P. M.21. I hereby certify that I attended the deceased from June 18th 1944 to June 21st 1944
that I last saw her alive on June 20th 1944
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Pecton'sDue to Chronic Deformans 4 yearsOther conditions (Include pregnancy within 3 months of death) 94

Major findings:

Of operations.....

Of autopsy.....

Duration

3 days

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 William Caron (M. D. or other) MDAddress 507 Jefferson Date signed 6/22/44

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 *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.