

FILED SEP 30 1944

Registration District No. 31844

Primary Registration District No. 6076

Registrar's No. 1949

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Olivette
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 Covington Meadows
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 2 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96
(c) City or town Olivette 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. # 1 Covington Meadows
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Rosa Andronaco

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 Single

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

7. Birth date of deceased Dec. 12 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 7 If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Placido Andronaco 5

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

14. Maiden name Dont. Know

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

16. (a) Informant Paul Valenti
(b) Address # 1 Covington Meadows

17. (a) Burial Calvary Cemetery (b) Date thereof 9-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Sernelly

(b) Address 3840 S. Grand Blvd.

19. (a) SEP 20 1944 (b) C. H. McClary, Jr.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19
year 1944 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from ON to Sept 19 at 4
that I last saw her alive on Sept 19 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis + Chronic myocardites Duration 8 yrs 2 yrs
Due to Generalized Arterio Sclerosis
Due to Senility

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

Major findings: Of operations A 20 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 2

23. Signature Oliver E. Hagberg, M.D. (M.D. or other) Address 4500 Olive St. Ave. 7th Date signed Sept 19 1944

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

16 00

Dr. Hagerbush
4500 Plum
Room

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 William Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.