

FILED NOV 1 1944

318

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5603 Southwest Avenue
(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 St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5603 Southwest Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Lucia Vismara

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased May 8 1878
(Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name John Berra

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

14. Maiden name Josephine Berra

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

16. (a) Informant Mrs. Jack Castello
(b) Address 6641 Olethia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-44
(Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul

18. (a) Signature of funeral director Ray C. Calcaterra

(b) Address 5142 Daggett St. Louis, Mo

19. (a) OCT 28 1944 (Date received local registrar) (b) J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26 year 1944 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from October 25, 1944, to Oct 26, 1944, that I last saw her alive on Oct 25, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 day

Due to Arteriosclerotic heart disease 1 year

Due to _____

Other conditions (Include pregnancy within 3 months of death) 9/8

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 10-27-44

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

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 Tony Calcaterra

Licensed Embalmer No. 2376

P. O. Address 5142 Daggett, Ave

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.