

FILED JAN 15 1945
318

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. **11304**

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:
Missouri Baptists Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 31 years 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Meri Curcuru

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

7. Birth date of deceased January 2 1882
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 29 If less than one day hr. _____ min. _____

9. Birthplace Campo Tello Di Mazzara Italy
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name Alfonso Licata
13. Birthplace Italy
14. Maiden name Anna Polizzi
15. Birthplace Italy

16. (a) Informant Elizabeth Greco
(b) Address 2585 Montgomery

17. (a) Burial (b) Date thereof Jan. 3-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Nicks - Sons
(b) Address 1150 N. Kings Highway Blvd.

19. (a) JAN 2 1945 (b) J. F. Bredek
(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. 1111 N. Market
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 31
year 44 hour 3 minute 2 M.
21. I hereby certify that I attended the deceased from Nov. 15
1944 to Dec 31, 1944
that I last saw h. alive on Dec 30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocarditis
(coronary atherosclerosis)

Due to _____
Due to _____
Other conditions (Include pregnancy within 5 months of death) None

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 Joseph H. Engel (M. D. or other) M.D.
Address 705 Olive St. Date signed 1-2-45

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 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.