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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 6 1945

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2851**

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:  
St. Anthony's Hospital  
(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 13

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 26

(d) Street No. 1924 Warren St.  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Josephine Salamone

3. (b) If veteran, name war No

3. (c) Social Security No. N one

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July 13, 1897  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27th  
year 1945 hour 12:50 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 7<sup>th</sup> 1944  
March 27<sup>th</sup> 1945, to March 27<sup>th</sup> 1945

that I last saw her alive on March 27 1945  
and that death occurred on the date and hour stated above.

8. AGE:

| Years     | Months   | Days      | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>47</u> | <u>8</u> | <u>14</u> | hr. min.             |

Immediate cause of death Cancer of both lungs - Primary

Due to Cancer of both lungs - Primary

Due to Cancer of abdominal viscera.

Other conditions Cancer of abdominal viscera.  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housework

Major findings:  
Of operations .....

Of autopsy No

PHYSICIAN  
H. J. ...  
Underline the cause to which death should be charged statistically.

11. Industry or business .....

12. Name Frank Lo. Porto

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

14. Maiden name Josephine Danjelo

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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? ✓

16. (a) Informant Salvatore Salamone

(b) Address 1924 Warren St.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Mar. 30, 1945.  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

23. Signature Robert E. ... (M. D. or other)

Address 990 ... Date signed 3/28/45

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 National Bridge Blvd.

19. (a) MAR 23 1945 (Date received local registrar)

J. F. Budick (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

106  
117  
9

**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 John A. Mular

Licensed Embalmer No. 4186

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.**