

FILED AUG 7 1945
Registration District No. 317

Primary Registration District No. 6076

State File No.

Registrar's No. 1925

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

1- PLACE OF DEATH

(a) County St. Louis

(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community none
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County 96

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 9023 Barada Ave
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MARIA CANAVERA

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 29
year 1945 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from 1/6, 1945, to 7/29, 1945
that I last saw him alive on 7/29, 1945
and that death occurred on the date and hour stated above.

4. Sex female

5. Color or race White

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

6. (b) Name of husband or wife Battista Canavera

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

7. Birth date of deceased: June 2, 1882
(Month) (Day) (Year)

Immediate cause of death: myocardial failure

Due to: myocardial degred.

Due to: Cardio Vas. Renal Defect

Other conditions: 31a
(Include pregnancy within 3 months of death)

8. AGE: Years 63 Months 1 Days 26
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 wife

12. Name: Mike Fassett

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

14. Maiden name: unknown

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

Major findings: Of operations _____

Of autopsy _____

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

16. (a) Informant: Mrs. Catherine Tracoma

(b) Address: 9023 Barada Ave

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

(b) Date thereof: Aug 1, 1945
(Month) (Day) (Year)

(c) Place: burial or cremation: Calvary

18. (a) Signature of funeral director: Samp. Calceaterra

(b) Address: 5142 Daggett Ave

19. (a) 8-3-1945
(Date received local registrar)

(b) [Signature]
(Registrar's signature)

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature: [Signature] (M. D. or other) _____
Address: 9307 Natural Bridge Date signed 7/29/45

RECEIVED 11/24/81

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

Samuel Calcaterra

Licensed Embalmer No. 2376

P. O. Address 5142 Daggett

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.