S. No. 2
DM—2-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

28833

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8199

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: St. Lukes Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1431a N. Vandeventer Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Carmella Balsamo.

3. (b) If veteran, name war None

3. (c) Social Security No. 498-16-2357

4. Sex Female/

5. Color or race White

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

6. (b) Name of husband or wife Frank Balsamo.

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Dec. 24.1899 (Month) (Day) (Year)

8. AGE: Years 45 Months 8 Days 26 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Philip Mascare
13. Birthplace Italy (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name Anna LaPresto
15. Birthplace Italy (City, town, or county) 5 (State or foreign country)

16. (a) Informant Michael Balsamo
(b) Address 1431a N. Vandeventer

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 24, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Daniel Nichols
(b) Address 1431 Union Blvd.

19. (a) SEP 21 1945 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20 year 1945 hour 9 minute 30 a. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Atalectasis of left lung during radical dissection of left side of neck at St. Luke's Hospital on Sept. 20th 1945 about 9:30 a.m. Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations e V
Of autopsy 114

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Dey Co. Date signed 9/20/45

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 29/5

P. O. Address.....

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.