S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42534

FILED DEC 28 1945

Registration District No. 3 7

Primary Registration District No. 6076

Registrar's No. 2823

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: Elms Convalescent Home 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~St Louis~~ 6-0-0

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

(d) Street No. 1422 Hogan (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Caterina Trupiano

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 Widowed

6. (b) Name of husband or wife Vito

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

7. Birth date of deceased December (Month) 13 (Day) 1872 (Year)

8. AGE: Years 73 Months 0 Days 1 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Andrea Vitale
13. Birthplace Terrasini (City, town, or county) Italy 5 (State or foreign country)

MOTHER
14. Maiden name Mattea Tocco
15. Birthplace Terrasini (City, town, or county) Italy 5 (State or foreign country)

16. (a) Informant Andrew Trupiano

(b) Address 1422 Hogan

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

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P Miceli - Sons.

(b) Address 1150 N. Kingshighway Blvd.

19. (a) 12-17-45 (Date received local registrar) (b) E D McGovern M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 14th year 45 hour 4 minute 30 a.m.

21. I hereby certify that I attended the deceased from 12/10/45, 19, to 12-14-, 1945 that I last saw her alive on 12-14-, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	5 days
Due to: Chr Myocarditis 1316	1938
Due to: Chr Nephritis	1935
Other conditions: none (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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 Roy Johnson (M. D. or other)

Address Ferguson Mo Date signed 12/14/45

707 (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 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.