F. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7839

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1906

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS MO. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CITY ISOLATION HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4/21/46 to 2/24/46 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS MO. (If outside city or town limits, write "RURAL") 13/1

(d) Street No. 5800 ARSENAL ST. (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 9

If yes, name country

3. (a) PRINT FULL NAME JOSEPH RAMANO

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex MALE 0 | 5. Color or race WHITE | 6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. 14, 1879 (Month) (Day) (Year)

8. AGE: Years 67 | Months 0 | Days 10 | If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER 12. Name UNKNOWN

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

MOTHER 14. Maiden name UNKNOWN

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

16. (a) Informant CITY INFIRMARY RECORDS

(b) Address 5800 ARSENAL ST.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Holy St Peter's Cem

18. (a) Signature of funeral director Paul Calcaterra

(b) Address 5142 Daggett ave

19. (a) FEB 26 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB, day 24, year 1946 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from 4/21 1945, 19..., to 2/24, 1946; that I last saw 1m alive on 2/24, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia — Duration

Due to Arteriosclerotic heart disease

Due to

Other conditions (Include pregnancy within 3 months of death) Diabetes, Hemiplegia Senility

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature J. E. Bishop (M. D. or other) MD

Address Isolation Hosp Date signed 24 Feb 46

(Licensed Embalmer's Statement on Reverse Side)

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

6789

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 Gary C. Calcatera

Licensed Embalmer No. 2376

P. O. Address 5142 Daggett Ave

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.