

FILED MAY 27 1946

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4323**

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 John 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 Mo (b) County 000
(c) City or town St Louis 1317
(If outside city or town limits, write "RURAL")
(d) Street No. 5517 Cheschoff Ave 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **CAROLINE GALLI**

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

7. (b) Name of husband or wife Charles Galli 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Aug 14 1874
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Alexander Janzotti

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

14. Maiden name not known

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

16. (a) Informant Mario Galli

(b) Address 5517 Cheschoff Ave

17. (a) burial (b) Date thereof May 14 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: New St Peter Church

18. (a) Signature of funeral director Gary C. Calcaterra

(b) Address 5147 Daggett Ave

19. (a) MAY 13 1946 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 1946
year 1946 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from April 25, 1946 to May 10, 1946,
that I last saw her alive on May 10, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial failure. Friday

Due to: Hypertensive Cardia. years
Vascular disease

Due to _____

Other conditions: Left Colic structure 26h
(Include pregnancy within 3 months of death) Fracture of Humerus

Number of operations: 1/8
Of autopsy: 1/8

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 4-7-57 1946 000

(c) Where did injury occur? Home

(d) Did injury occur in or about home, on farm, in industrial place, or in public place? See above

(e) Did injury occur in or about home, on farm, in industrial place, or in public place? See above

While at work? _____ (Specify type of place)

(f) Means of injury Fall

22. Signature Charles Montoni (M. D. or other) MD

Address 5147 Daggett Ave Date signed 5-11-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
17275

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.....

Paul C. Calcaterra

Licensed Embalmer No. 2376

P. O. Address 5142 Daggett W

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.