

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34881

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9167

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 5109th Daggett
(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)

3. (a) PRINT FULL NAME ROSE ACETO

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. female 5. Color or race white

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

6. (b) Name of husband or wife Mike Aceto

6. (c) Age of husband or wife if alive 8-1887 years

7. Birth date of deceased June 8-1887
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 17
If less than one day _____ hr. _____ min.

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name John Caputo

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

14. Maiden name Theresa Caputo

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

16. (a) Informant Mr. J. Aceto

(b) Address 5109 Daggett Ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct 28 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Albany

18. (a) Signature of funeral director Saul Scalatara

(b) Address 5147 Daggett Ave

19. (a) OCT 27 1946 (Date received local registrar) (b) J. J. Brebeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis

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

(d) Street No. 5109th Daggett Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25 year 1946 hour 1:30 minute AM

21. I hereby certify that I attended the deceased from Nov 10 to Oct 25 1946
that I last saw him alive on Oct 25 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 5 years

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Rose Aceto (M. D. or other) _____

Address 5084 Grand Date signed 10/28/46

(Licensed Embalmer's Statement on Reverse Side)

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

33703

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.....

J. Allen Davis Jr.
Licensed Embalmer No. 4053
P. O. Address St. Louis

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.