

S. No. 2
M-5-43
5-17-39
I X36671

FILED JAN 7 1947

Registration District No. **318** Primary Registration District No. **1003**

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

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:
2609 S. Kingshighway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna Canzoneri

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

7. Birth date of deceased March 18 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78	9	4	hr. min.
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9. Birthplace Palazzo Adriano Italy
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Nicolo Riggio

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

14. Maiden name Francesca Bacile

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

16. (a) Informant Anthony Canzoneri

(b) Address 2609 S. Kingshighway

17. (a) Burial (b) Date thereof Dec. 24-86
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter & Paul

18. (a) Signature of funeral director P. Niccoli-sons
1150 N. Kingshighway Blvd

(b) Address _____

19. (a) DEC 23 1946 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 2609 S. Kingshighway
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18
year 1946 hour 3 minute A M.

21. I hereby certify that I attended the deceased from DEC. 22
_____, 1946 to DEC. 22, 1946
that I last saw her alive on DEC. 22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
17 yo. CARDITIS

Due to GEN. ARTERIO SCLEROSIS

Due to _____

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

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 M. A. Correnti (M. D. or other) M. D.
Address 1311 Knapp Ave. Date signed Dec. 22 46

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.....

Albert Maffield

Licensed Embalmer No.....

3/19/99

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.