

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1947
#24303

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5951

State File No. _____
Registrar's No. 1921

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days Memorial
In this community 60 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town ST LOUIS 2617
(If outside city or town limits, write "RURAL")
(d) Street No. 1914 Palm 9
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Italy 0

3. (a) PRINT FULL NAME Anna Aletoe
(b) If veteran, name war No
(c) Social Security No. No
(d) Sex Female
(e) Color or race White
(f) Name of husband or wife GAETANO
(g) Age of husband or wife if alive 74 years
(h) Birth date of deceased SEPTEMBER 1 1873
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 24th
year 1947 hour 1:45 minute P M.
21. I hereby certify that I attended the deceased from 2/11/47
19 to 2/24/47 19
that I last saw her alive on 2/24/47 19
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 5 Days 23 If less than one day hr. min.

Immediate cause of death Arteriosclerotic heart disease
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

9. Birthplace Staley 5 (State or foreign country)
10. Usual occupation HOUSEWORN
11. Industry or business
12. Name GIOCONO CROCCHIONE
13. Birthplace Staley 5 (State or foreign country)
14. Maiden name CONCETTA ZAPPA
15. Birthplace Staley 5 (State or foreign country)
16. (a) Informant Thomas Aletoe Jr
(b) Address 1914 Palm
17. (a) Burial (b) Date thereof Feb 27, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY EMILETTE BENSACK-YERHAUS
18. (a) Signature of funeral director
(b) Address 1431 Union St
19. (a) FEB 25 1947 (b) J. F. Brudeck (Registrar's signature)

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 0
23. Signature M. M. Fitzgerald 2/25/47
Address 1515 Lafayette Date signed

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

MOTHER FATHER

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.....

Frank J. Nichols

Licensed Embalmer No. *2915*

P. O. Address *55 Davis 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.