

No. 2
1-5-43
5-17-39
1 X36671

FILED MAY 9 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:
1411 No. 19th St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0007

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 219

(d) Street No. 1411 No. 19th St.
(If rural, give location) 0

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

If yes, name country Italy

3. (a) PRINT FULL NAME CATERINA RUSSO

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 Widowed

6. (b) Name of husband or wife Giovanina Russo 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 6th 1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st
year 1947 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from 11/4 1946 to 5/1 1947
that I last saw h. er alive on 5/1 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Liver Duration 6 mos.

8. AGE: Years 80 Months 4 Days 25 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Faro Orlando

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

14. Maiden name Unknown

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

16. (a) Informant Jennie Russo

(b) Address 1411 No. 19th St.

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

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bensiek-Nichaus

(b) Address 1431 Union Bl.

19. (a) MAY 2 1947 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

Due to _____

Due to none

Other conditions none
(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 0

23. Signature Jos. P. Berman (M. D. or other) 0
Address 1225 - no. Grand Date signed 5/1/47

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 Nichols*

Licensed Embalmer No. *2915*

P. O. Address *St. Louis, 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.