No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18686

FILED JUN 14 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5515

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Park Lane Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks (Specify whether years, months or days)

In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Jennings 0
(If outside city or town limits, write "RURAL")

(d) Street No. 5524 Bramlage St. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Jennie Catalino

3. (b) If veteran, name war

3. (c) Social Security No. 489-03-7658

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June (Month) 24 (Day) 1902 (Year)

8. AGE: Years 44 Months 11 Days 8 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Andrea Guasto
13. Birthplace Campobello DiMazzora (City, town, or county) Italy (State or foreign country)

MOTHER
14. Maiden name Angelina Stallone
15. Birthplace Campobello DiMazzora (City, town, or county) Italy (State or foreign country)

16. (a) Informant Mike Catalino
(b) Address 5524 Bramlage St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Miceli & Sons
(b) Address 1150 N. Kingshighway Blvd.

19. (a) JUN 3 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 1947 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from October 15 1946 to Jun 2 1947 that I last saw her alive on 2 June 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	2 weeks
Due to: Myocardial Insufficiency	3 weeks
Due to: Cholecystitis with	1 year
cholelithiasis	1 year
Other conditions: Duodenal ulcer	1 year
(Include pregnancy within 3 months of death) Severe menopausal State Depression	1 year

Major findings:
Of operations gallstones, gall bladder disease
Of autopsy not performed

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? 0
(Specify type of place)
While at work? — (e) Means of injury —

23. Signature Henry E Rosenberg (M. D. or other) MD
Address 1467 N. Union St. Date signed 3 June 1947

(Licensed Embalmer's Statement on Reverse Side) Henry E Rosenberg

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.....

Licensed Embalmer No.....

P. O. Address.....

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.