

FILED AUG 4 1947 318

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 6956

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:  
2104 Howard  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 42 years (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oao  
(c) City or town St. Louis / 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2104 HOWARD 9  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Cirolamo Anselmo

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Rosaria 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 20 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 9 5 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Labor

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Frank Anselmo

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

14. Maiden name Francesca Canepa

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

16. (a) Informant Joe Anselmo

(b) Address 3826 Avondale Pl.

17. (a) Burial (b) Date thereof July 28-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Miceli & Sons

(b) Address 1150 N. Kingshighway

19. (a) JUL 26 1947 (b) J. F. Bradock  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25  
year 1947 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from march  
2 1946 to July 25 1947  
that I last saw him alive on July 25 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial Failure Duration 1 wk.

Due to Senility

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 Joseph B. Succione M. D. or other M.D.

Address 6153 B. Naturelodge Date signed 7/25/47

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

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 *Philip A. Michel*  
Licensed Embalmer No. *4427*  
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.