S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 15 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25551

Registrar's No. 7258

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 2723 Macklind Ave. 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 13 2723 Macklind Ave. 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME ANNA GIACIN

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Late Angelo

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

7. Birth date of deceased Oct. (Month) 22 (Day) 1875 (Year)

8. AGE: Years 71 Months 9 Days 10 If less than one day hr. min.

9. Birthplace (City, town, or county) Italy 5 (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Valdisare Daroja
13. Birthplace (City, town, or county) Italy 5 (State or foreign country)

MOTHER
14. Maiden name Rose Unknown
15. Birthplace (City, town, or county) Italy 5 (State or foreign country)

16. (a) Informant Mrs. Rose Reichold
(b) Address 2723 Macklind Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 5 (Day) 47 (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) AUG 4 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2
year 1947 hour 8:45 minute A. M.

21. I hereby certify that I attended the deceased from 9 Feb 1947 to 2 Aug 1947
that I last saw her alive on 2 Aug 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	12 hrs
Due to Chr. myocarditis	5 years
Due to Hypertension	10 years

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

93

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? Means of injury

23. Signature Richard Kay (M. D. or other) M.D.

Address 5930 Southwest Date signed 4 Aug 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....Richard W Storessand.....

Licensed Embalmer No.....4007.....

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.