

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **958**
Registrar's No. **115**

National Office of Vital Statistics

FILED JAN 20 1948

Registration District No. **1002**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Manassas City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **2930 Quincey**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **36 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Jackson**

(c) City or town **Manassas City**
(If outside city or town limits, write "RURAL")

(d) Street No. **2930 Quincey**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **MARY ALBANO**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **7**
year **1948** hour **8** minute **05 P.** M.

21. I hereby certify that I attended the deceased from **April** 19 **47** to **Jan 7** 19 **48**
that I last saw her alive on **Dec** 19 **47**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **Joseph Albano** 6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **Dec 25 1875**
(Month) (Day) (Year)

Immediate cause of death **Coronary thrombosis 1 day**

Due to **Hypertension**

Other conditions (include pregnancy within 3 months of death)

8. AGE: Years **72** Months **0** Days **12** If less than one day hr. min.

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

10. Usual occupation **Home wife**

PHYSICIAN

Major findings: Of operations **942**

Of autopsy

Underline the cause of which death should be charged statistically.

MOTHER FATHER

11. Industry or business

12. Name **Carl Evangelista**

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

14. Maiden name **Do not know**

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

16. (a) Informant **Mrs. Melio Sylvester**

(b) Address **2936 Quincey**

17. (a) Burial (Burial, cremation, or removal) **Burial** (b) Date thereof **Jan 10 48**
(Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary's Church**

18. (a) Signature of funeral director **Antonio P...**

(b) Address **12 Ave**

19. (a) **1-9-48** (Date received local registrar) (b) **Heraldine Holmes** (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature **J. J. Frank** (M. D. or other) Address **103 Grand** Date signed **1/9/48**

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

Dr Fornsworth
Prof. Bldge
Vi 3434

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 Samuel Casanova, Registered Apprentice No. 62 working under my personal supervision.

Signed Francis Walter

Licensed Embalmer No. 2744

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.