FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 23 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 10529

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 2577

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: 5200 Botanical Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: 000
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No.: 5200 Botanical Ave. (If rural, give location) 9
13
(e) Citizen of foreign country? (Yes or No) O
If yes, name country

3. (a) PRINT FULL NAME: ANGELINA NUMI
3. (b) If veteran, name war: None
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Late Angelo
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 3 (Day) 1892 (Year)

8. AGE: Years 55 | Months 8 | Days 11 | If less than one day hr. min.
9. Birthplace: (City, town, or county) Italy (State or foreign country) S
10. Usual occupation: Housework
11. Industry or business:
FATHER 12. Name: Farronti Caimi
13. Birthplace: (City, town, or country) Italy (State or foreign country) S
MOTHER 14. Maiden name: Johanna Marlotti
15. Birthplace: (City, town, or county) Italy (State or foreign country) S
16. (a) Informant: Joseph M. Numi
(b) Address: 5200 Botanical Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Resurrection Cem.
18. (a) Signature of funeral director: Kriegshauser Und. Co.
(b) Address: 4228 So. Kingshighway Bl.
19. (a) MAR 15 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 14 year 1948 hour 12:00 minute Noon M.
21. I hereby certify that I attended the deceased from March 5, 1948, to March 14, 1948, that I last saw h... alive on " 14, 1948, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Lymphatic Leukemia | |
| Due to: | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: | |
| Of autopsy: | |

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? (e) Means of injury: O
23. Signature: J. Garnett M.D. (M. D. or other)
Address: 5621 S. Bdway Date signed: 3/15/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

S. No. 2 -1/47 -17-39

5521 So. Bldg.

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. Stovesand

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.