

No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED APR 30 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 138333

Registrar's No. 3817

1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1222 N. 7th St. /
(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: Missouri (b) County: St. Louis
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 1222 N. 7th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Marianna Also Known as Marion Badalamenti.

3. (b) If veteran, name war: No
3. (c) Social Security No.: 487-12-4281

4. Sex: Female / 5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: / 6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June 4, 1871
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 17 If less than one day

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

10. Usual occupation: Seamstress

11. Industry or business: Francesco Gallati

12. Name: Italy

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

14. Maiden name: Antonia Giacoppelli

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

16. (a) Informant: Sam Badalamenti 1222 N. 7th St.
(b) Address:

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 24, 1948
(Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Francis Huber
(b) Address: 1488 Union Blvd.

19. (a) APR 22 1948 (Date received local registrar)
(b) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 21 year: 1948 hour: 8 minute: P. M.

21. I hereby certify that I attended the deceased from April 19 1948 to April 21 1948 that I last saw her alive on April 21 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Haemorrhage 4.8 hrs

Due to: Arterial changes

Due to: Hypertension

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: / Of autopsy: /

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) (e) Means of injury
Signature: Paul K. Webb (M. D. or other U.D.)
Address: 721 Olive St. St. Louis Date signed: 4-22-48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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.....

W W Wilkinson

Licensed Embalmer No.....

3575

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.