

S. No. 300  
DM-10-47  
ev. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED SEP 20 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 7922

Registration District No. 318 Primary Registration District No. 1005

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town ST. LOUIS  
(c) Name of hospital or institution: St. John's Hospital  
(d) Length of stay: \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO. (b) County ST. LOUIS  
(c) City or town ST. LOUIS  
(d) Street No. 5224 Botanical  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ANTONIO FERRARIO  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 7 day Sept  
year 1948 hour 4:00 minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from 6 Sept  
to 7 Sept  
that I last saw him alive on 7 Sept  
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race White  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife ANTONETTA BRUSATTI  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased AUGUST 24 1868  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage  
Due to Hypertensive Arterio-sclerotic Heart disease  
Other conditions \_\_\_\_\_  
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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

8. AGE: Years 80 Months 0 Days 13  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Italy  
(City, town, or county) (State or foreign country)  
10. Usual occupation none  
11. Industry or business \_\_\_\_\_  
12. Name unknown  
13. Birthplace Italy  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace Italy  
(City, town, or county) (State or foreign country)  
16. (a) Informant Mrs. Mary Meriani  
(b) Address 5136 Shaw Ave.  
17. (a) Burial (b) Date thereof Sept. 11, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Resurrection  
18. (a) Signature of funeral director Paul C. Calcester  
(b) Address 5142 Daggart Ave.  
19. (a) SEP 9 1948 (b) J. F. Buresch  
(Date received local registrar) (Registrar's signature)

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
Duration 36 hrs.  
23. Signature A. F. Catanzaro (M. D. or other) \_\_\_\_\_  
Address 2715 Clayton Date signed 9 Sept 48

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

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**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 Paul C. Calcaterra

Licensed Embalmer No. 2376

P. O. Address. 5142 Daggitt

**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.**