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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 6 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34526**
Registrar's No. **9317**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County Saint Louis, Missouri
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Two Days
(Specify whether years, months or days)
In this community 42 Years

3. (a) PRINT FULL NAME Mary A. Nosari
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Nosari 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased November 14th, 1899
(Month) (Day) (Year)

8. AGE: Years 48 Months 11 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Ralph Diamantina

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

14. Maiden name Pauline Franceschini

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

16. (a) Informant Mr. John Nosari

(b) Address 5715 Terry Avenue

17. (a) Burial (b) Date thereof 10/29/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4828 Natural Bridge Boulevard

19. (a) OCT 28 1948 (b) J. B. Sasater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5715 Terry Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 26th
year 1948 hour 5 minute 00 A. M.

21. I hereby certify that I attended the deceased from Oct 13 1948 to Oct 26 1948
that I last saw him alive on Oct 25 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus (coma) Duration 2 days
Chronic Pancreatitis 6 mo
Due to _____
Due to 601
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy Chronic Pancreatitis

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? _____

While at work? _____ (Specify type of place) (e) Means of injury D

23. Signature W. H. Hopper (M. D. or other) _____
Address 4500 Olive St Date signed 10-26-48

WRITE PLAINLY—USE 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 *X* John A. Minner

Licensed Embalmer No. 486

P. O. Address St Louis Mo.

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.