FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29452

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7015

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri. Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2421 Macklind Ave., Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis Inside Limits Yes X No ☐
STREET ADDRESS (If outside, give location) 2421 Macklind Avenue., Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Antonietta Middle Stella Last Frattini

4. DATE OF DEATH Month July Day 26 Year 1957

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐

8. DATE OF BIRTH October 13, 1894

9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and state or country) Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Paul Garavaglia

14. MOTHER'S MAIDEN NAME Alexandrine Unavailable

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Nil

16. SOCIAL SECURITY NO. None

17. INFORMANT Address Albert Frattini, 2421 Macklind Avenue.,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 24 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Non Compensating initial regurg. — 6 yrs

DUE TO (c) Rheumatic Heart disease — 15 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 410X

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 1951, to 7/26/1957 and last saw her/him alive on 7/24/57

Death occurred at 8 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. A. Milliken (Degree or title) MD

22b. ADDRESS 2608 S. Kingshighway

22c. DATE SIGNED 7/27/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 7-29-57

23c. NAME OF CEMETERY OR CREMATORY SS Peter and Paul Cemetery

23d. LOCATION (City, town, or county) St. Louis County, (State) Missouri.

24. FUNERAL DIRECTOR ADDRESS Paul C. Calcaterra, 5140 Daggett St.,

25. DATE RECD. BY LOCAL REG. JUL 27 '57

26. REGISTRAR'S SIGNATURE J. Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert M. Murra

Licensed Embalmer No. 3749

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.