

Registered No. 124

(No. Our Lady of Victory Hospital St.; 4 Ward)  
(If a hospital or institution, give its NAME instead of street and number)

Length of stay in hospital or institution \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 30 ds. Town, village or city 29 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2 Usual residence of deceased: State N. Y. County Erie Town \_\_\_\_\_ City or Village Lackawanna

No. 116 Dona Ave. St. Is residence within limits of city or incorporated village? yes

2a Citizen of foreign country (alien)? \_\_\_\_\_ If yes, name country \_\_\_\_\_  
(Yes or no)

3 Full Name Carmela Suffoletto

4 (a) Social Security No. \_\_\_\_\_ 4 (b) If Veteran, Name War \_\_\_\_\_

5 Sex Female 6 COLOR OR RACE white 7 Single, Married, Widowed, or Divorced (Write the word) married

8 IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife Vincent Suffoletto Age if alive 50 years

9 DATE OF BIRTH (month, day, year) March 14, 1900

10 AGE Years 44 Months 2 Days 3 IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

11 Usual occupation Housewife

12 Industry or business Own Home

13 BIRTHPLACE (City or Town) (State or Country) Louis Run, Pa.

14 NAME Peter Monaco

15 BIRTHPLACE (City or Town) (State or Country) Italy

16 MAIDEN NAME Concetta Leone

17 BIRTHPLACE (City or Town) (State or Country) Italy

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant's own signature Vincent Suffoletto Address 116 Dona Ave. Lack-N.Y.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem. DATE OF BURIAL May 20 1944

20 UNDERTAKER OR PERSON IN CHARGE (Signature) Nicholas S. Del Bello ADDRESS 237 So. Division St. Bklyn. N.Y. UNDERTAKER'S License No. 275

21 Date received 5-19-44 Signature of Registrar or Subregistrar Les M. Michalik

Burial or Transit } Permit issued by Muriel Dingens Date of issue 5-19-44

MEDICAL CERTIFICATION

22 DATE OF DEATH (Month, Day and Year) May 17, 1944

23 I HEREBY CERTIFY, That I attended deceased from April 17, 1944, to May 7, 1944. I last saw her alive on May 17, 1944

To the best of my knowledge, death occurred on the date stated above, at 10 a.m.

Immediate cause of death Metastatic dissemination of malignancy in brain causing death  
Due to Fibrous malignant uterine

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Date \_\_\_\_\_  
Of autopsy \_\_\_\_\_

What laboratory test was made? \_\_\_\_\_

- 24 If death was due to external cause, 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 \_\_\_\_\_

25 Signature John J. Adate M.D. Address 23 Ridge Rd. Date 5-19-44

DURATION OF CONDITION		
Yrs.	Mos.	Dys.

PHYSICIAN Underline the cause to which death should be charged.

FOR GENEALOGICAL PURPOSES ONLY