

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

963
Do not use this space.

FEB 12 1938

1. PLACE OF DEATH —

(a) County..... Registration District No. **791**

(b) Township..... Primary Registration District No. **1003**

(c) City..... **St. Louis** (d) Street No. **City Hospital No. 1** St. (If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

C. 14545

2. PRINT FULL NAME..... **Rose Bova 100**

(a) Residence, No. **2117 a Bremen** St. **26** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 14, 1911**

| | | | | |
|-----------|-------|----------|----------|----------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
| 26 | | 1 | 8 | |

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Missouri**

FATHER

13. NAME **Tony Buselaki**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**

MOTHER

15. MAIDEN NAME **Rose Shanto**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**

17. INFORMANT (ADDRESS) **Hosp Info M. Kent**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Jan 25, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Benedick-Jichaus 1132 N. 5th Street**

20. FILED **JAN 24 1938** **J. Benedick** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/22/38**, 19

22. I HEREBY CERTIFY, That I attended deceased from **1/3/38** to **1/22/38**, 19

I last saw her **1/22/38**, 19. Death is said to have occurred on the date stated above, at **2.55 p.**

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19..... Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) **Burton Maxwell**, M. D. (Address) **City Hospital No.**

STATEMENT BY LICENSED EMBALMER

I Larry M. White

Licensed Embalmer No. 3972

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____

Registered Apprentice No. _____

working under my personal supervision.

Signed Larry M. White

Licensed Embalmer No. 3972

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.)