

REC'D MAY 10 1938

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

12839  
Do not use this space.

3443

## 1. PLACE OF DEATH

- (a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No..... Registered No.....  
 (c) City..... (d) Street No. 1117 N. 9th St...... 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.

## 2. PRINT FULL NAME

- Rose Spravle 161  
 (a) Residence, No. 1117 N. 9th St. St. 25  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 Salvatore Spravale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5. 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
5 5 11 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
 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) Italy  
 (STATE OR COUNTRY)

FATHER 13. NAME Ned Cira

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

MOTHER 15. MAIDEN NAME Frances

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

17. INFORMANT Mrs. James Lumia  
 (ADDRESS) 1117 N. 9th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE April 13 38

19. FUNERAL DIRECTOR Bennet Neuman  
 (ADDRESS) 1138 26th St.

20. FILED 19 38  
J. P. Berman Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 10. 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/28, 1937, to 4/10, 1938

I last saw him alive on 4/10, 1938. Death is said to have occurred on the date stated above, at 8:45 p. m.  
 The principal cause of death and related causes of importance were as follows:

Broncho pneumonia 107a 4/9/38  
acute myocarditis 12/28/37  
cause unknown

Other contributory causes of importance:  
 Name of operation None Date of.....  
 What test confirmed diagnosis? None 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? No  
 If so, specify:  
 (Address) Jos. P. Berman, M. D.  
1510. no. 16 St.

APR 12 1938

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X12004

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

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 *L. M. Skute* \_\_\_\_\_

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.)**