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.

OCT 12 1938

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

30655
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 8092
(c) City St. Louis (d) Street No. 4421 Evans 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 27 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rosa Ventimiglia 535
(a) Residence, No. 4421 Evans St. 11
(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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Vito Ventimiglia
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 19, 1868
7. AGE: YEARS 70 MONTHS 5 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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): Cinisi Italy
FATHER
13. NAME: Leonardo Palazzolo
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cinisi Italy
MOTHER
15. MAIDEN NAME: Francesca Paola Maniaci
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Italy
17. INFORMANT (ADDRESS): Francesco Ventimiglia 1804 Cora Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: Sept. 14, 1938
19. FUNERAL DIRECTOR (ADDRESS): P. Miceli & Son 1150 No. Kingshighway Bl.
20. FILED: SEP 13 1938 J. F. Buderk Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 11, 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:30 P m.
The principal cause of death and related causes of importance were as follows: Date of onset
Bilateral Colles Fracture suffered when she stumbled and fell down the steps at her home 4421 Evans Ave Aug 6, 1938 at 6.40 Pm
Other contributory causes of importance: Generalized Arterio Sclerosis
186a
Name of operation ..... Date of .....
What test confirmed diagnosis? 18 Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/6, 1938
Where did injury occur? St Louis Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury See above
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? 1
If so, specify
(Signed) Alfred J Perry M. D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Arnold W. Schoene, Licensed Embalmer No. 3864

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

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