

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D OCT 12 1938

30899
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City St. Louis (d) Street No. Faith Hospital 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 Gertrude Cosentino **253**

(a) Residence, No. 3922 Cottage Ave. St. **11** (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 John
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1904
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 8 19
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. house wife
 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, Mo.
 FATHER 13. NAME August Derschow
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Lillian Hughes
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trenton, New Jersey

17. INFORMANT (ADDRESS) John Cosentino
3922 Cottage
 18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Sept 24 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. L. Ziegenhein & Sons
7027 Gravois Ave
 20. FILED 19 38 J. Bredek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20 1938
 22. I HEREBY CERTIFY, That I attended deceased from 6-28-, 1938, to 9-20-, 1938
 I last saw her alive on 9-20-, 1938 Death is said to have occurred on the date stated above, at 6:50 p.m.
 The principal cause of death and related causes of importance were as follows:
Cardiac Failure Date of onset 9/19/38
 Other contributory causes of importance:
malignant, Ulcer of Stomach ?
Cholecystitis Chronic ?
 Name of operation Cholecystectomy & gastroenterostomy Date of operation 8-13-38
 What test confirmed diagnosis? X-Ray Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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) Nicholas S. Vitale, M. D.
 (Address) 3861 St. Louis Ave.

SEP 23 1938

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 3877

P. O. Address 6937^a Tra

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.)

If this body is not embalmed, above space should be left blank.