

REC'D FEB 10 1939

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

Do not use this space. **2**

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003** Registered No. **2**
 (c) City **St. Louis Mo.** (d) Street No. **St. John's 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 **630 Carolina Verde**

(a) Residence, No. **1418 Hodiamont Av.** St. **6** (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 **Giovanni Verde**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 12, 1891**
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 9 18

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. **Housewife**
 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) **Italy**13. NAME **Francesco Paolo Bruno**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**15. MAIDEN NAME **Maria Angela Rossa**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**17. INFORMANT **Giovanni Verde**
(ADDRESS) **1418 Hodiamont**18. BURIAL, CREMATION, OR REMOVAL
PLACE **Calvary** DATE **Jan 2, 1939**19. FUNERAL DIRECTOR (NAME) **P. Miceli & Son**
(ADDRESS) **1150 N. Kingshighway**20. FILED **JAN 1 1939**
J. J. Prudich Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-30, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **12-26, 1938**, to **12-30, 1938**
 I last saw her alive on **12-30, 1938** Death is said to have occurred on the date stated above, at **2:45 P. M.**
 The principal cause of death and related causes of importance were as follows:

General Carcinomatosis
Primary in pelvis
uterus & its ovary
Originating in uterus
 Other contributory causes of importance:

Name of operation **7** Date of **48**
 What test confirmed diagnosis? **usual** Was there an autopsy? **yes**

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 **W. J. Gallagher**, M. D.
 (Signed) **W. J. Gallagher**
 (Address) **Mo. State Bldg.**

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 X18605

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.....

Arnold W. Scholme

Licensed Embalmer No.....

3864

P. O. Address.....

St. Louis, Mo.

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.