

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.

791
Registration District No. **1003**

Primary Registration District No. _____

1. PLACE OF DEATH: **1003** /
(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Firmin Desloge**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Hospital 2 years**
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: **1**
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **11**
(d) Street No. **4662 St. Louis Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Rose Romeo 500**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **John Romeo** 6. (c) Age of husband or wife if alive **37** years
7. Birth date of deceased **June 12, 1908**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	31	2	20	hr. _____ min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER
12. Name **Francesco Gale**
13. Birthplace **Terrasini Italy**
(City, town, or county) (State or foreign country)
14. Maiden name **Antonina Palmentieri**
15. Birthplace **Castelvetrano Italy**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **John Romeo**
(b) Address **4662 St. Louis Ave**

17. (a) **Burial** (b) Date thereof **Sept. 5, 1939**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **P. Michel**
(b) Address **1150 No. Kingshighway Bl.**

19. (a) **SEP 4 1939** (b) **J. J. Bradich**
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **SEPT.** day **2**
year **1939** hour **9** minute **10 P.M.**
21. I hereby certify that I attended the deceased from **OCT. 7, 1937**
to **SEPT 2, 1939**
that I last saw her alive on **SEPT. 2, 1939**
and that death occurred on the date and hour stated above.

Immediate cause of death **MYOCARDIAL FAILURE** Duration **UNCERTAIN**
Due to **ADHESIVE PERICARDITIS** "

Due to **CACHEXIA DUE TO FELTY'S SYNDROME** "

Other conditions **chronic condition atrophic left kidney**
(Include pregnancy within 3 months of death)
Major findings: **EXPLORATION OF LT KIDNEY - ENLARGED LYMPH GL.** Underline the cause to which death should be charged statistically.
Of autopsy **SPLENOMEGALY, ATROPHIC LT KIDNEY, RHEUMATOID ARTH, CACHEXIA**

22. If death was due to external causes, fill in the following: **No.**
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **1**
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature **Henry E. Oppenheimer M.D.**
Address **132 S. Grand Blvd** - Date signed **Sept 4, 1939**

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. Schoene

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.