

NOV 1 1939

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

36891
Do not use this space.

1. PLACE OF DEATH

(a) County Shelby Registration District No. 677
(b) Township Rolla Primary Registration District No. 4403
(c) City Rolla (d) Street No. _____

Registered No. 124

(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

(a) Residence, No. Joseph F. Cerutti St. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1911

7. AGE YEARS 28 MONTHS 4 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Airplane mechanic
9. Industry or business in which work was done, as saw mill, bank, etc. American Airlines
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) Seminole Pa

FATHER 13. NAME Frank Cerutti

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illay Pa

MOTHER 15. MAIDEN NAME Rosia Palpisari

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illay Pa

17. INFORMANT (ADDRESS) R. G. Mateer New Bethlehem Pa

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem Pa DATE 11/8, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs Harry W. Caw Rolla Mo

20. FILED Nov. 5, 1939 Joe F. Ayers Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-5, 1939

I HEREBY CERTIFY, That I attended deceased 11-5-39
Death occurred 11-5-39
I last saw him alive on 11-5-39 above, 1939. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Automobile accident
Skull fracture and
internal injuries
Was dead when I examined
this

Other contributory causes of importance: 210 m

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury 11-6-39
Where did injury occur? 20 m West of Rolla on 66th W.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Car left H. Way was
Nature of injury skull fracture

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Richard M. Toland M. D.
(Address) Rolla Mo.

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.

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 11/12/21

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.....

P. O. Address.....

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.