

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.

Registration District No. 754 Primary Registration District No. 200

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Koch
 (c) Name of hospital or institution: Robert Koch Hospital
 (d) Length of stay: In hospital or institution 20 days
 In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County
 (c) City or town St. Louis
 (d) Street No. 5108 Southwest
 (e) If foreign born, how long in U. S. A? 34 years

3. (a) PRINT FULL NAME Anthony Bolesina 425
 3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs. Aurelia Bolesina 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased 12 10 1878
 (Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days If less than one day hr. min.

9. Birthplace Milan Italy
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer in brick yards

11. Industry or business

MOTHER FATHER
 12. Name Mike Bolesina

13. Birthplace Milan Italy
 (City, town, or county) (State or foreign country)

14. Maiden name Viala Kackala

15. Birthplace Milan Italy
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature [Signature]
 (b) Address Koch, Mo.

17. (a) Burial (b) Date thereof 12 23 39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation old St. Peter's Paul
 18. (a) Signature of funeral director Paul C. Calcolina
 (b) Address 5142 Waggett Ave
 19. (a) DEC 20 1939 (Date received local registrar) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 19 year 1939 hour 6:00 minute A M.
 21. I hereby certify that I attended the deceased from June 15, 1939 to Nov 19, 1939 that I last saw him alive on Nov 18, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
 Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations
 Of autopsy Pulmonary Tuberculosis with cavitation
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) 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?

While at work? (Specify type of place) (c) Means of injury
 23. Signature William Stanko (M. D. or other)
 Address Koch hospital Date signed 12/19/39

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.....

Paul E. Calcaterra

Licensed Embalmer No. *2376*

P. O. Address *5142 Daguerre*

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.