WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4207
1037

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

FILED MAR 12 1940

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: De Paul Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 9 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 5301 Page Blvd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 530 Agatha Cimmiyotti.

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dont Know. (Month) (Day) 1900 (Year)

8. AGE: Years 40 Months Dont Days Know. If less than one day hr. min.

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

10. Usual occupation Stenographer & Bookkeeper.

11. Industry or business St Anns Home.

FATHER
12. Name Frank Cimmiyotti.
13. Birthplace Iowa. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Arnhalt.
15. Birthplace Iowa. (City, town, or county) (State or foreign country)

16. (a) Informant Frank Cimmiyotti.
(b) Address New Hampton, Iowa.

17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof 2-1-40 (Month) (Day) (Year)
(c) Place: burial or cremation New Hampton, Iowa.

18. (a) Signature of funeral director Arthur J Donnelly
(b) Address 3840 Lindell Blvd

19. (a) FEB 1 1940 (Date received local registrar) (b) J F Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1st.
year 1940 hour 3. minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 26, 1940, to Feb 1, 1940
that I last saw her alive on Jan 31, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: General peritonitis - [illegible]	
Due to Colostomy	
Due to Carcinoma of Rectum	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Carcinoma of rectum	
Of autopsy	

PHYSICIAN
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) no
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Eugene S. Oneley M. D. or other
Address Missouri Bldg Date signed 2-1-40

(Licensed Embalmer's Statement on Reverse Side)

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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