No. 2
1-10-39
1-17-39

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. 27075

FILED SEP 25 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6971

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: St. Louis Children's 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 min.
(Specify whether years, months or days)

In this community 1 A

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St. Louis 9
(If outside city or town limits write "RURAL")

(d) Street No. 629 E. Pope
(If rural, give location)

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

3. (a) PRINT FULL NAME Dorothea Katherine Buccieri

3. (b) If veteran, name war chief

3. (c) Social Security No. —

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased 12 (Month) 16 (Day) 39 (Year)

8. AGE: Years | Months 8 | Days 0 | If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation chief

11. Industry or business

MOTHER FATHER

12. Name Angelo

13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

14. Maiden name Dorothy Reckert

15. Birthplace St. Louis (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant F. Norpoth

(b) Address 500 S. Kingshighway

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8 (Month) 19 (Day) 1940 (Year)

(c) Place: burial or cremation FRIEDENS

18. (a) Signature of funeral director W. A. Strek

(b) Address 2117 E. Grand.

19. (a) AUG 17 1940 (Date received by local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8th day 16th year 1940 hour 1:05 minute p. M.

21. I hereby certify that I attended the deceased from 8-16-40 19, to 8-16-40 19; that I last saw her alive on 8-16-40 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Tuberculous Pachy Meningitis.

Due to Tuberculosis, Miliary, acute.

Due to pulmonary tuberculosis.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 23

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)

(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) (e) Means of injury

23. Signature Alex F. Hartman (M. D. ~~or other~~)

Address 500 S. Kingshighway Date signed 8/16/40

(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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.