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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 2 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30233

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7510

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Missouri Baptist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether.

In this community (years, months or days) Yes

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 13 (If outside city or town limits, write "RURAL")

(d) Street No. 5218 Elizabeth Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? 35 Years years.

3. (a) PRINT FULL NAME Grace Urzi

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Paul Urzi

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May (Month) 12. (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
65	3	24	hr. min.

9. Birthplace Italy (City, town, or county) 7 (State or foreign country)

10. Usual occupation House Wife 7

11. Industry or business Wife

FATHER
12. Name Sabastiano Rapasardo 9
13. Birthplace Italy (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Fred Urzi

(b) Address 5218 Elizabeth ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 9. 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Old St Peter Paul

18. (a) Signature of funeral director Paul C Calcaterra

(b) Address 5142 Daggett

19. (a) SEP 8 1940 (Date received by local registrar) (b) J. H. Fredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5 year 1940 hour 10 minute 40 A M.

21. I hereby certify that I attended the deceased from July 14, 1940, to Sept 5, 1940 that I last saw her alive on Sept 5, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis (arteriosclerotic)	2 year
~~Due to~~ Diabetic acidosis	3 weeks
~~Due to~~	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)

While at work? (e) Means of injury 1

23. Signature Joseph S Cieri (M. D. or other)

Address 462 N. Taylor Date signed 9/6/40

(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 Paul C Calcaterra

Licensed Embalmer No. 2376

P. O. Address 5142 Dagg

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, fact should be so stated above.